

MAR 22 1991

~~Christy~~  
PSB  
S. Becker

Nelson Galvanizing, Inc.  
11-02 Broadway  
Long Island City, N.Y. 11106

March 22, 1991

BY HAND

Ms. Anne Kelly  
Compliance Officer  
Hazardous Waste Compliance Branch  
U.S. Environmental Protection Agency  
Region II  
26 Federal Plaza, Room 1121  
New York, N.Y. 10278

Re: Request for Information under § 3007  
of RCRA and § 104(e) of CERCLA  
Nelson Galvanizing, Inc. facility  
EPA ID Number: NYDOO1229350

Dear Ms. Kelly:

Following are the answers to your request for information, in numbered order.

1. a. Nelson Galvanizing, Inc.  
Nelson Foundry, Inc.

b. Nelson Galvanizing, Inc. and Nelson Foundry, Inc. were incorporated in New York. Nelson Galvanizing, Inc.'s certificate of incorporation was filed with the Department of State of the State of New York on November 19, 1947. Nelson Foundry, Inc.'s certificate of incorporation was filed with the Department of State of the State of New York on January 4,

340406



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1943. The agent for service of process of both corporations is the Secretary of State of New York. Copies of the requested documents are enclosed.

c. (1) Nelson Galvanizing, Inc.

Chairman - John T. Sweeney, Jr.

President - John T. Sweeney, Jr.

Secretary - John T. Sweeney, Jr.

Treasurer - Robert M. Sweeney

The company's directors and stockholders are John T. Sweeney, Jr. and Robert M. Sweeney. The duties and functions of John T. Sweeney, Jr. and Robert M. Sweeney are to run the company, with John T. Sweeney, Jr. focusing on operations and Robert M. Sweeney focusing on administration.

(2) Nelson Foundry, Inc.

Chairman - John T. Sweeney, Jr.

President - John T. Sweeney, Jr.

Secretary - Robert M. Sweeney

Treasurer - John T. Sweeney, Jr.

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The company's stockholders and directors are John T. Sweeney, Jr. and Robert M. Sweeney. The duties and functions of John T. Sweeney and Robert M. Sweeney are to run the company.

John and Robert Sweeney's addresses are as follows:

John T. Sweeney, Jr.  
1634 Belmont Avenue  
New Hyde Park, NY 11040

Robert M. Sweeney  
1385 York Avenue  
New York, NY 10028

d. Neither Nelson Galvanizing, Inc. nor Nelson Foundry, Inc. has any parent, subsidiary or affiliated corporations.

e. Neither company is a successor to another company.

f. SIC #3479.

2. a. Nelson Foundry, Inc. (deed enclosed).

b. Nelson Galvanizing, Inc. currently uses the facility under an oral agreement with Nelson Foundry, Inc., which obligates Nelson Galvanizing, Inc. to pay the costs associated with the property, such as real estate taxes. There is no written lease, nor have we been able to locate any other documentation or memoranda relevant to this agreement.

c. There are no such prior users.

3. Nelson Foundry, Inc. owns the real estate at the Facility. It conducts no business at any location other than the Facility. Nelson Galvanizing, Inc. is in the business of applying a zinc coating to steel products manufactured by its customers. It conducts business at no location other than the Facility.

4. Processes Used:

Cleaning - caustic soda (sodium hydroxide) - approximately 200 lbs. per month, used to remove paint or heavy rust. Acid (sulfuric acid - 5% acid 95% water), heated to approximately 160° - approximately 150 gallons per month used to remove rust and scale (ferric and ferrous oxides).

Fluxing - a solution of zinc ammonium chloride and water to a baume of 16° is used as a pre flux to prevent oxidation of the steel after it is cleaned and before it is galvanized. A molten top flux of zinc ammonium chloride is used to further deoxidize the steel as it enters the zinc bath. Combined usage, approx. 3000 lbs. per month.

Galvanizing - actual immersion of steel articles into molten zinc in order to prevent rusting of the steel substrates. Zinc usage approx. 40,000 lbs. per month.

Please note that the quantities described above, like the quantities described throughout this document, are approximations.

No chemicals are employed in maintenance or waste management procedures at the Facility.

5. Previous Process: the use of hydrofluoric acid to clean cast iron (remove sand from the castings) was discontinued prior to 1989. Approx. use - 50 gallons per year.

6. We are uncertain whether any of the materials handled at the facility meet the legal definition of hazardous

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waste. The materials that we believe may fit this definition are: Iron Sulfate crystals, which have been generated at approx. 2000 lbs. per month (but we have found a buyer for this material, so we are not sure whether it is properly characterized as waste); and spent sulfuric acid, which has been disposed of at a rate of approx. 10,000 gallons a year (but we are investigating whether this spent sulfuric acid can be used to make virgin sulfuric acid). Nelson Galvanizing, Inc. has the U.S. EPA generator identification No. NYDOO1229350.

7. The procedure for determining whether material is to be treated as hazardous is to determine where it is coming from or by chemical analysis or both. Laboratory tests have been run prior to disposal. Enclosed are copies of analyses run on the sulfuric acid and the iron sulfate crystals.

8. Iron sulfate crystals are generated as a result of iron and sulfur molecules combining in the acid cleaning bath and precipitating out of the acid solution. Crystals are currently stored in polyethylene drums and a steel tank approximately 2' x 6' x 24'. We have not disposed of any of this material. We have located a buyer for this material, which is generated at the rate of approximately 2,000 lbs/month (New Jersey Muniere-Clarkesville, Tennessee). Spent sulfuric acid, which, as noted above, is used to clean steel, has been

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disposed of by shipping it to Chemical Waste Management in Vickery, Ohio (via Chemical Waste Management) or to Chemical Pollution Control Inc. in Bay Shore, New York (via RGM Liquid Waste Removal Corp.). This acid recently has been generated at the rate of approximately 10,000 gallons/year.

9. The hazardous waste manifests are enclosed. The EPA ID numbers for the transporters and the disposal facilities are shown on the manifests.

10. Spent materials were generated between January 1985 and December 1990. Spent sulfuric acid and iron sulfate crystals were generated. The quantity of these materials that were generated over that time period is unknown. Since 1988, the iron sulfate crystals were placed in drums and a steel tank and retained on site and the sulfuric acid has been disposed of in bulk. Prior to 1988, these spent materials were neutralized and disposed of via the sewer system.

11. Iron sulfate crystals are stored in 55 gallon polyethylene drums and a steel tank. Liquid is stored in polyethylene bulk tanks and in plastic drums. Inspection of drums and tanks is done by maintenance foreman Moses Bailey who inspects them visually on a regular basis. No inspection logs were maintained.

12. Spent sulfuric acid has been shipped from the Facility for off-site disposal. The hazardous waste manifests are enclosed in response to question 9. The waste analysis profiles are enclosed in response to question 7.

13. The materials handled at the Facility that we believe may be hazardous waste are sulfuric acid and iron sulfate crystals. The wastes that have been manifested are identified on the manifests as sulfuric acid solution (D002) and "hazardous waste solid" (D008). One of the manifests also uses codes D007, D008 and D010.

14. The only EPA ID number applied for by either company is the number provided in response to question 6. No other permits or authorizations to handle hazardous waste have been sought.

15. As noted above, we handle materials that we believe may fit the legal definition of hazardous waste.

16. a. Portions of the Facility are used to store drums and tanks, and thus would appear to be Solid Waste Management Units ("SWMUs"). Those areas are shown on the Site layout which is provided in response to question 31.



b. Those SWMUs are being used as shown until implementation of the cleanup required by the recently executed Administrative Order on Consent for the Facility.

c. These areas are themselves unchanged; there was, however, a certain amount of reorganization of the location of drums in February 1991.

d. The SWMUs are visually inspected on a regular basis by Moses Bailey.

e. Planned changes in the containment and/or control system described above include the creation of a system of secondary containment, improved labeling and the creation of a spill prevention and control and counter measure plan; the inspection and monitoring procedures are as described above.

f. We have never attempted to measure the capacity of these SWMUs, which are simply areas within the Facility. There are no empty SWMUs.

g. No SWMU is inactive, nor has any been removed.

h. The inspection procedures are as described in response to question 16.d.

17. The process tanks are not cleaned at fixed time intervals. The need to clean a tank is determined by the acceptability of the cleaning capacity of the tank. The methods used to clean tanks are several:

a. Several drums of acid solution are siphoned off, allowed to cool in order to precipitate crystals of solution, then crystals are shoveled into drums and free liquid is pumped back into the tank.

b. The entire tank is allowed to cool, a vacuum pump truck is used to pump liquid out after crystals have precipitated. Crystals are then shoveled into drums and liquid is pumped back into tank.

c. The entire contents of the tank is pumped out and removed to an approved disposal site.

When the first two procedures are employed, nothing is removed from the Facility since the iron sulfate crystals, as noted above, have not been disposed of. When the third procedure has been employed, we have shipped the solution as

indicated, and on or about the date indicated, in the manifests provided in response to question 9.

18. a. The area referred to as the trench is the result of the removal of overflow pipeline running perpendicular to the old cleaning tanks.

b. The pipes in the trench were originally installed in 1954 and removed some time in the 1960s.

c. The approximate size of trench was 2'x2'x50'. No construction material was used to create a trench.

d. No material was intentionally placed, stored, processed or treated in the trench. Liquid did accumulate in the trench from a faulty roof drain pipe and apparently as a result of seepage from the old concrete cleaning tanks.

e. Liquid was pumped out of the trench by Chemical Pollution Control Inc. and disposed of by them on 12/13/88. The soil in the trench area was placed in plastic-lined, steel, 55-gallon drums and stored with other soil that was excavated prior to the laying of concrete pads under the new cleaning tanks. That soil remains in the Facility.

19. The soil noted in answer to question 18.e. and the soil removed prior to laying concrete pads under the new cleaning tanks is stored in plastic-lined, steel, 55-gallon drums and bins. Soil was excavated over a six month period in 1989 and 1990. There are approximately 60 55-gallon drums of excavated soil stored on site. Soil analyses are enclosed.

20. The company expects to be able to sell the iron sulfate crystals, as has been described above (see number 8). We are currently investigating whether the spent sulfuric acid can be reused, as was noted above (see number 6) but have not, in the past, found a way to reuse this material.

21. In the past zinc skimmings and flux (zinc ammonium chloride), have been sold to Dupont Co. in Cleveland, Ohio. More recently these materials and dross have been sold to Metal Chem. Co. in Pittsburgh, PA, which has paid prices for this material that vary with time. A document showing recent sales (on page 2) is enclosed.

22. We are not aware of any spills, releases or discharges of hazardous waste and/or chemicals to the environment. Chemicals may have leaked from the old concrete process tanks at the Facility which were removed about two years ago,

but we do not know whether they did, and if so, when, which chemicals, or in what amounts.

23. A contingency plan is now being developed in connection with the implementation of the Administrative Order on Consent recently issued for this Facility. The Facility has a hazard communications training program, a copy of which is enclosed

24. There is no such correspondence, but the Fire Department makes regular inspections of the Facility.

25. Yes, see attached lab results.

26. No, other than the lab tests the results of which are enclosed.

27. It is the responsibility of the foreman to oversee the handling and management of hazardous materials. Moses Bailey, foreman, and Lionel Joseph, foreman, are Fire Department trained and tested and certified in the handling of hazardous chemicals.

28. No.

29. No. No waste water is discharged.

30. We are not aware of any other sources who generated, transported or disposed hazardous wastes or substances at or from the Facility.

31. The requested plan is enclosed.

32. We are in the process of compiling the requested information and copies, and expect to be able to submit them shortly.

33. No such agreement or contract exists.

34. The requested tax returns (except for a third year for each individual, which we are in the process of obtaining) and statement are enclosed.

35. Metcalf & Eddy of New York, Inc. 303 South Broadway - Suite 318N, Tarrytown, N.Y. 10591 - (914) 631-7273, and particularly William Deininger, are in the process of acquiring knowledge about the materials at the Facility, in connection with the Administrative Order on Consent recently issued for this Facility.

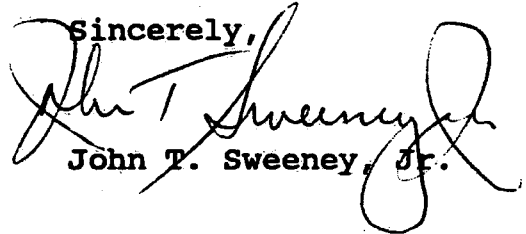
Ms. Anne Kelly

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March 22, 1991

36. John T. Sweeney, Jr., whose positions are described in response number 1.c., prepared these responses.

Sincerely,

A handwritten signature in dark ink, appearing to read "John T. Sweeney, Jr.", written over the typed name.

John T. Sweeney, Jr.

Enclosures

cc (w/encl.): Michael Mintzer, Esq.  
Office of Regional Counsel  
NY/Caribbean Superfund Branch  
U.S. Environmental Protection  
Agency, Region II  
26 Federal Plaza, Room 437AA  
New York, New York 10278

8060:035

CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION

State of New York

County of New York

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document (response to EPA Request for Information) and all documents submitted herewith, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete, and that all documents submitted herewith are complete and authentic unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

John T. Sweeney, Jr.  
NAME (print or type)

President - Nelson Galvanizing, Inc. and Nelson  
TITLE (print or type) Foundry, Inc.

John T. Sweeney, Jr.  
SIGNATURE

Sworn to me before this

22nd day of March, 1991

Stephen J. Ritchin  
Notary Public

STEPHEN J. RITCHIN  
Notary Public, State of New York  
No. 433350  
Qualified in New York County  
Commission Expires Nov. 30, 1991



**Question 1(b)**

State of New York }  
Department of State } ss.

012743

*I hereby certify that I have compared the annexed copy with the original document filed by the Department of State and that the same is a correct transcript of said original.*

*Witness my hand and seal of the Department of State on*

FEB 26 1991



*Secretary of State*

CERTIFICATE OF INCORPORATION  
OF

NELSON GALVANIZING, INC.

(Pursuant to Article Two of the Stock Corporation Law)

WE, THE UNDERSIGNED, desiring to form a corporation pursuant to Article Two of the Stock Corporation Law of the State of New York, do hereby make, subscribe and acknowledge this certificate for that purpose, as follows:--

FIRST:-- The name of the proposed corporation is

NELSON GALVANIZING, INC.

SECOND:-- The purposes for which this corporation is formed, are as follows, to wit:--

To carry on the business of galvanizing and tinning metal, including the galvanizing, tinning, coating or other treatment of black plates, steel sheets and kindred materials with compositions of zinc, spelter, tin, copper or other metals.

To acquire, own, lease, occupy, use or develop any lands or mines and to extract or remove timber, coal, and metals, and to buy sell deal in or manufacture metals, fuel, lumber or any articles produced therefrom.

To take, buy, exchange, lease or otherwise acquire real estate and any interest or right therein, and to hold, own, operate, control, maintain, manage and develop the same and to construct, maintain, alter, manage and control directly or through ownership of stock in any other corporation any and all kinds of buildings, stores, offices, warehouses, mills, shops, factories, machinery and plants, and any and all other structures and erections which may at any time be necessary, useful or advantageous for the purposes of this corporation.

To sell, assign and transfer, convey, lease, or otherwise alienate or dispose of, and to mortgage or otherwise encumber the lands, buildings, real and personal property of the corporation wherever situated, and any and all legal and equitable interests therein.

To purchase, sell, lease, manufacture, deal in and deal with every kind of goods, wares and merchandise, and every kind of personal property, including patents and patent rights, copyrights, easements, privileges and franchises which may lawfully be purchased, sold, produced or dealt in by corporations formed under Article Two of the Stock Corporation Law of the State of New York.

To purchase, acquire, hold and dispose of the stocks, bonds and other evidences of indebtedness of any corporation, domestic or foreign, and to issue, exchange, transfer, its stocks, bonds and other obligations, and to exercise in respect thereof all the rights, powers and privileges of individual owners, including the right to vote thereon, and to aid in any manner permitted by law any corporation or which any bonds or other securities or evidences of indebtedness or stocks are held by this corporation.

2143-20-1

and to do any acts or things designed to protect, preserve, improve or enhance the value of any such bonds or other securities or evidence of indebtedness or stock.

The foregoing and following clauses shall be construed as objects and powers in furtherance and not in limitation of the general powers conferred by the laws of the State of New York; and it is hereby expressly provided that the foregoing and following enumeration of specific powers shall not be held to limit or restrict in any manner the powers of this corporation, and that this corporation may do all and everything necessary, suitable or proper for the accomplishment of any of the purposes or objects hereinabove enumerated either alone or in association with other corporations, firms, or individuals, to the same extent and as fully as individuals might or could do as principals, agents, contractors or otherwise.

Nothing in this certificate contained, however, shall authorize the corporation to carry on any business or exercise any powers in any state or country which a similar corporation organized under the laws of such state or country could not carry on or exercise; or to engage within or without the State of New York in the business of a lighting or a transportation corporation, or in the common carrier business, or to issue bills, notes or other evidence of debt for circulation as money.

To have one or more offices, to carry on all or any of its operations and business and without restriction or limit as to the amount to purchase or otherwise acquire, hold, own, mortgage, sell, convey, or otherwise dispose of real and personal property of every class and description in any of the States, Districts, territories, of the United States, and in any and all foreign countries, subject to the laws of such State District, Territory or Country.

In general to do any and all things and exercise any and all powers which may now or hereafter be lawful for the corporation to do or exercise under and in pursuance of the Stock Corporation Law of the State of New York or any other law that may now or hereafter be applicable to the corporation.

THIRD: The amount of the capital stock shall be One hundred (100) shares, having no nominal or par value. The capital of the corporation shall be at least equal to the sum of the aggregate par value of all issued shares having par value plus the aggregate amount of consideration received by the corporation by the issuance of shares without par value, and such amounts as from time to time by resolution of the Board of Directors may be transferred thereto.

FOURTH: The office of the corporation is to be located in the Borough and County of Queens, City and State of New York. The address to which the Secretary of State shall mail a copy of any process against the corporation which may be served upon him pursuant to law is 39-16 23rd Street, Long Island City, N.Y.

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FIFTH: The duration of said corporation shall be perpetual.

SIXTH: The number of directors shall be not less than three nor more than seven, and they need not be stockholders.

SEVENTH: The names and post office addresses of the directors until the first annual meeting of the stockholders, are as follows:

<u>NAMES</u>	<u>POST OFFICE ADDRESSES</u>
Margaret M. D'Arcy	6 East 45th Street, New York, N.Y.
Margaret F. Carroll	551 Fifth Avenue New York, N.Y.
Matthew J. Sweeney	1 Manchester Road Tuckahoe, N.Y.

EIGHTH: The names and post office addresses of the subscribers of this Certificate of Incorporation and a statement of the number of shares which each agrees to take in the corporation, are as follows:

<u>NAMES</u>	<u>POST OFFICE ADDRESSES</u>	<u>NUMBER OF SHARES</u>
Margaret M. D'Arcy	6 East 45th Street New York, N.Y.	1
Margaret F. Carroll	551 Fifth Avenue New York, N.Y.	1
Matthew J. Sweeney	1 Manchester Road Tuckahoe, N.Y.	1

NINTH: The Secretary of State is designated as the agent of the corporation upon whom process in any action or proceeding against it may be served within the State of New York.

TENTH: All of the subscribers of this certificate are of full age, at least two-thirds of them are citizens of the United States, at least one of them is a resident of the State of New York and at least one of the persons named as a director is a citizen of the United States and a resident of the State of New York.

IN WITNESS WHEREOF, we have made, subscribed, acknowledged

and filed this certificate this 18th day of November, 1947.

Margaret M. Arcy (L.S.)

Margaret A. Carroll (L.S.)

Matthew J. Sweeney (L.S.)

STATE OF NEW YORK :  
:ss.:  
COUNTY OF NEW YORK:

On this 18th day of November, 1947, before me personally came Margaret M. Arcy, Margaret A. Carroll, and Matthew J. Sweeney, to me known and known to me to be the persons described in and who executed the foregoing Certificate of Incorporation, and they severally before me, acknowledged that they had executed the same.

Donald M. Newman

DONALD M. NEWMAN  
Notary Public, State of New York  
Residing in Kings County.  
Kings County Clerk's No. 334  
New York County Clerk's No. 331  
Commission Expires March 30, 1949.

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CERTIFICATE OF INCORPORATION

- of -

NELSON GALVANIZING, INC.

STATE OF NEW YORK

DEPARTMENT OF STATE

FILED NOV 19 1947

TAX \$ 10 -

FILING FEE \$ 40 -

*Matthew J. Sheeney*  
REGISTRAR STATE

BY *Matthew J. Sheeney*

MATTHEW J. SHEENEY  
6 East 45th Street  
New York 17 N.Y.

7143-70-5


State of New York }  
Department of State } ss:

012742

*I hereby certify that I have compared the annexed copy with the original document filed by the Department of State and that the same is a correct transcript of said original.*

*Witness my hand and seal of the Department of State on*

FEB 20 1991

A handwritten signature in dark ink, appearing to read "L. J. Shaffer", written in a cursive style.

*Secretary of State*



CERTIFICATE OF AMENDMENT  
OF  
CERTIFICATE OF INCORPORATION  
OF  
NELSON GALVANIZING, INC.

PURSUANT TO SECTION 36 of the STOCK CORPORATION LAW.

WE, THE UNDERSIGNED, being the holders of record of all of the outstanding shares of NELSON GALVANIZING, INC., entitled to vote with relation to the proceedings provided for in this certificate, hereby certify:

1. The name of the corporation is Nelson Galvanizing, Inc.
2. The certificate of incorporation of said corporation was filed in the Department of State on the 22nd day of November, 1947.
3. The certificate of incorporation is amended to increase the capital stock from One Hundred (100) shares, without par value, pursuant to Subparagraph 1 of Paragraph C of Subdivision 2 of Section 35 of the Stock Corporation Law, and to change the location of the principal office of the company, pursuant to Paragraph E of Subdivision 2 of Section 35 of the Stock Corporation Law.
4. Section Third of the Certificate of Incorporation, which relates to the capital stock of the corporation is amended to read as follows:

Third:—The amount of the capital stock shall

be Two Hundred (200) shares, having no nominal or

par value. The capital of the corporation shall be

at least equal to the sum of the aggregate par value

of all issued shares having par value plus the

aggregate amount of consideration received by the

corporation by the issuance of shares with par

value and such amount as is in the hands of the

corporation of the funds of the corporation.

5. Section Fourth of the Certificate of Incorporation, which relates to the location of the principal office of the company, is amended to read as follows:

Fourth:—The office of the corporation is to be located in the Borough and County of Kings, City and State of New York. The address to which the Department of State shall mail a copy of any process against the corporation which may be served upon him pursuant to law is 389-393 Kent Avenue, Brooklyn, New York.

IN WITNESS WHEREOF, we have made, subscribed and acknowledged this certificate this 27 day of June, 1950.

*John T. Sweeney*  
*Isaac Greenblatt*  
*Arthur Greenblatt*

STATE OF NEW YORK )  
COUNTY OF KINGS ) SS:

On the 20 day of July, 1950, before me personally came JOHN T. SWEENEY, ISAAC GREENBLATT and ARTHUR GREENBLATT, to me known, and known to me to be the persons described in and who executed the foregoing certificate, and they severally duly acknowledged that they executed the same.

ROBERT E. LUDWIG  
NOTARY PUBLIC, STATE OF NEW YORK  
No. 254167002  
Exp. 12/31/54  
110 E. 42nd St., New York 17, N.Y.  
March 28, 1947

*Robert E. Ludwig*  
NOTARY PUBLIC

STATE OF NEW YORK }  
COUNTY OF KINGS } SS:

JOHN T. SWEENEY, being duly sworn, says that he is the Secretary of Nelson Galvanizing, Inc., and that the persons who have executed the foregoing certificate constitute the holders of record of all of the outstanding shares of the corporation entitled to vote with relation to the proceedings provided for in the certificate.

*John T. Sweeney*

Sworn to before me this  
day of June, 1950



*Robert R. Lublin*

ROBERT R. LUBLIN  
NOTARY PUBLIC, STATE OF NEW YORK  
No. 24-2416700  
Qual. in Kings Co. No. 494, Certs. filed with  
N.Y. Co. Clerk, Kings and N.Y. Co. Registers  
Term expires March 30, 1951

STATE OF NEW YORK }  
COUNTY OF KINGS } SS:

JOHN T. SWEENEY and ISAAC GREENBLATT, being severally duly sworn, say that they are President and Treasurer, respectively, of Nelson Galvanizing, Inc. That the number of additional shares which this corporation is authorized to issue pursuant to the amendment as set out in the foregoing certificate is One Hundred (100), all of which are without par value.

*John T. Sweeney*  
*Isaac Greenblatt*

June, 1950

*Robert R. Lublin*

ROBERT R. LUBLIN  
NOTARY PUBLIC, STATE OF NEW YORK  
No. 24-2416700  
Qual. in Kings Co. No. 494, Certs. filed with  
N.Y. Co. Clerk, Kings and N.Y. Co. Registers  
Term expires March 30, 1951

P-11-17-47 *Quinn St* 71-4370  
188 NYU - *Sgt. S.*

39-16 73rd St  
Long Island City, N.Y.  
**7821** 35

*Nelson Galvanizing, Inc.*

Certificate of amendment of  
certificate of incorporation of  
NELSON GALVANIZING, INC.

Pursuant to section 36 of the Stock  
Corporation Law

*Tel 10* *Mc*

Frank A Dooley  
One Broadway  
New York, N.Y.

STATE OF NEW YORK  
DEPARTMENT OF STATE

FILED AUG 3 - 1950

TAX \$ 10

FILING FEE \$ 25

*Thomas Glavin*

Secretary of State  
*Dooley*

State of New York }  
Department of State } ss:

012802

*I hereby certify that I have compared the annexed copy with the original document filed by the Department of State and that the same is a correct transcript of said original.*

FEB 27 1991

*Witness my hand and seal of the Department of State on*



*Secretary of State*

CERTIFICATE OF INCORPORATION

of

NELSON FOUNDRY, INC.

PURSUANT TO ARTICLE TWO OF THE STOCK CORPORATION LAW

We, the undersigned, desiring to form a stock corporation pursuant to the provisions of Article Two of the Stock Corporation Law of the State of New York, DO HEREBY CERTIFY as follows:

First: That the name of the corporation is NELSON FOUNDRY, INC.

Second: That the purposes for which it is to be formed are to do any and all of the things hereinafter set forth to the same extent as natural persons might or could do in any part of the world, namely:

To carry on the business of galvanizing and tinning metal, including the galvanizing, tinning, coating or other treatment of black plates, steel sheets and kindred materials with compositions of zinc, spelter, tin, copper or other metals.

To buy, sell, deal in or manufacture iron, steel, manganese, coke, copper, lumber and other materials, and all or any articles consisting of iron, steel, copper, sheet metal, wood or other materials, and all or any products thereof.

To acquire, own, lease, occupy, use or develop any lands or mines and to extract or remove coal or iron, manganese, stone or other ores, oil or timber.

To manufacture, repair, re-tube, erect, install, buy, trade and deal in boilers, engines, stoves, furnaces, pumps, tanks, crown sheets, boiler plates, radiators, tubes, pipes, valves, rivets, boiler and pipe coverings, grates, castings, forgings, screws, nuts, washers, rods, bolts, nuts, nails, spikes, roller bearings, wire, and like articles composed of iron, steel, copper, aluminum and other metals.

To manufacture, repair, alter, erect, install, buy, sell, trade and deal in cornices, leaders, gutters, skylights, ventilators, roofing, and architectural and ornamental sheet metal work of every description.

To contract for the construction, alteration, improvement, removal and destruction of buildings of every kind and description and generally to carry on the business of

6095-50-1



builders, decorators, wreckers, dealers in new and second hand building materials and general contractors.

To manufacture, purchase, hire or otherwise acquire and to own, hold, use and dispose of wagons, trucks, barges, tugs, steam and sail boats and all other appliances and materials necessary or desirable in carrying on its business.

To manufacture, buy, sell and generally deal in brick, stone, lumber, cement and any and all materials capable of use in the construction of any kind of building and to generally carry on the business of dealers in new and second hand building materials.

To manufacture, purchase or otherwise acquire, own, mortgage, pledge, sell, assign and transfer, or otherwise dispose of, to invest, trade, deal in and deal with goods, wares and merchandise and real and personal property of every class and description.

To acquire, hold, use, sell, assign, lease, grant licenses in respect of, mortgage or otherwise dispose of letters patent of the United States or any foreign country, patent rights, licenses and privileges, inventions, improvements and processes, copyrights, trade-marks and trade names, relating to or useful in connection with any business of this corporation.

To purchase, hold, sell, assign, transfer, mortgage, pledge or otherwise dispose of the shares of the capital stock of, or any bonds, securities or evidences of indebtedness created by any other corporation or corporations organized under the laws of this state, of any other state, country, nation or government, and while the owner thereof to exercise all the rights, powers and privileges of ownership, including the right to vote thereon.

To enter into, make and perform contracts of every kind, and description with any persons, firm, association, corporation, municipality, county, state, body politic or government or colony or dependence thereof, subject to the limitations of the laws of the State of New York or other country affected.

To borrow or raise moneys for any of the purposes of the corporation and, from time to time without limit as to amount, to draw, make, accept, endorse, execute and issue promissory notes, drafts, bills of exchange, warrants, bonds, debentures and other negotiable or non-negotiable instruments, and evidences of indebtedness, and to secure the payment of any thereof and of the interest thereon by mortgage upon or pledge, conveyance or assignment in trust of the whole or any parts of the property of the corporation, whether at the time owned or thereafter acquired and to sell, pledge or otherwise dispose of such bonds or other obligations of the corporation for its corporate purposes.

To purchase, hold, sell and transfer the shares of its own capital stock, provided it shall not use its funds or property for the purchase of its own shares of capital stock when such use would cause any impairment of its capital stock as otherwise permitted by law, and provided further that shares of its own capital stock belonging to it shall not be voted upon directly or indirectly.

Meetings of the stockholders and directors of the corporation for all purposes may be held at places in the State of New York, other than the principal office, or at the principal office of the corporation as herein designated, and meetings of the directors may be held outside the State of New York at such place or places, as, from time to time may be designated in the by-laws or by resolution of the board of directors.

The board of directors shall have power from time to time to fix and determine and vary the amount of the working capital of the corporation and to direct and determine the use and disposition of any surplus or net profits over and above the capital stock paid in, and in its discretion the board of directors may use and apply any such surplus or accumulated profits in purchasing or acquiring bonds or other obligations of the corporation or shares of its own capital stock, to such extent and in such manner and upon such terms as the board of directors shall deem expedient, but any shares of such capital stock so purchased or acquired may be resold unless such shares shall have been retired in the manner provided by law for the purpose of decreasing the corporation's capital stock.

No contract or other transaction between the corporation and any other corporation shall be affected or invalidated by the fact that any one or more of the directors of this corporation is or are interested in, or is a director or officer, or are directors or officers of such other corporation, and any director or directors, individually or jointly, may be a party or parties to or may be interested in any contract or transaction of this corporation, or in which this corporation is interested; and no contract, act or transaction of this corporation with any person or persons, firms, or corporations, shall be affected or invalidated by the fact that any director or directors of this corporation is a party, or are parties to, or interested in such contract, act or transaction, or in any way connected with such person or persons, firm or association, and each and every person who may become a director of this corporation is hereby relieved from any liability that might otherwise exist, from contracting with the corporation for the benefit of himself or any firm, association, or corporation in which he may be in anywise interested.

To have one or more offices, to carry on all or any of its operations and business and without restriction or limit as to amount to purchase or otherwise acquire, hold, own, mortgage, sell, convey, or otherwise dispose of real and personal property of every class and description in any of the States, Districts, Territories or Colonies of the United States, and in any and all foreign countries, subject to the laws of such State, District, Territory, Colony or Country.

Subject always to by-laws made by the stockholders, the board of directors may make by-laws and from time to time, alter, amend or repeal any by-laws, but any by-laws made by the board of directors may be altered or repealed by the stockholders.

In general to do any and all things and exercise any and all powers which may now or hereafter be lawful for the corporation to do or exercise under and in pursuance of the Stock Corporation Law of the State of New York or any other law that may be now or hereafter applicable to the corporation.



The foregoing enumeration of specific powers shall not be deemed to limit or restrict in any manner the general powers of the corporation, and the enjoyment and exercise thereof, as conferred by the Laws of the State of New York upon corporations organized under the provisions of the Stock Corporation Law.

Third: The total number of shares of capital stock that may be issued by said corporation is Two hundred (200) shares, having no nominal or par value. The capital of the corporation shall be at least equal to the sum of the aggregate par value of all issued shares having par value, plus the aggregate amount of consideration received by the corporation for the issuance of shares without par value, plus such amounts as, from time to time, by resolution of the board of directors may be transferred thereto.

Fourth: The principal business office of the corporation is to be located in the City of New York, County of Queens, State of New York.

Fifth: Its duration is to be perpetual.

Sixth: The Secretary of State of New York is hereby designated the agent of the corporation upon whom any process in any action or proceeding against it may be served. The Secretary of State shall mail a copy of process in any action or proceeding against the corporation to the corporation at 39-16 23rd Street, Long Island City, Borough and County of Queens, State of New York.

Seventh: The number of its directors is to be three, and it is hereby provided, pursuant to law, that directors are not required to be stockholders.

Eighth: The names and post-office addresses of the directors until the first annual meeting of the stockholders are as follows:

<u>Names</u>	<u>Post Office Addresses</u>
John T. Sweeney	182-03 64 Avenue Flushing, L.I., N.Y.
Andrew J. McGann	2210 Lafayette Avenue Bronx, New York
Cornelius T. Sullivan	561 57th Street Brooklyn, New York

Ninth: The post office addresses of the subscribers to this certificate and a statement of the number of shares which each agrees to take in the corporation, is as follows:

<u>Names</u>	<u>Post Office Addresses</u>	<u>Number of Shares</u>
John T. Sweeney	182-03 64th Avenue Flushing, L.I., N.Y.	1
Andrew J. McGann	2210 Lafayette Avenue Bronx, New York	1
Cornelius T. Sullivan	561 57th Street Brooklyn, New York	1

Tenth: That all of the subscribers of this Certificate of Incorporation are of full age, at least two-thirds of them are citizens of the United States of America, and at least one of them is a resident of the State of New York, and that at lease one of the persons named as a director is a ~~citizen of the United States of America and a resident of the~~ State of New York.

IN WITNESS WHEREOF, we have made, signed and acknowledged this Certificate of Incorporation, this 30 day of December, 1942.

John T. Sweeney (D.S.)

Andrew J. McGann (L.S.)

Cornelius T. Sullivan (L.S.)

STATE OF NEW YORK }  
COUNTY OF Queens } SS.

On this 30 day of December, 1942 before me personally came JOHN T. SWEENEY, ANDREW J. MCGANN and CORNELIUS T. SULLIVAN to me known to be the individuals described in and who executed the foregoing certificate and severally acknowledged to me that they executed the same.

*Harry A. Newman*

HARRY A. NEWMAN, Att. & Couns. at Law  
Res. in Queens Co. N.Y. & P.O. Adm. 10 E. 40 St. N.Y.C.  
Cert. Filed in Queens Co. C.D.'s No. 214, Reg. No. A9564  
Cert. Filed in N. Y. Co. C.D.'s No. 35, Reg. No. 57114  
Cert. Filed in Kings Co. C.D.'s No. 5, Reg. No. 5014  
Commission Expires March 22, 1943

*Resolutions of  
Nelson Schenck and Company  
Corporation*

*11/2/43  
enrolled*  
CERTIFICATE OF INCORPORATION

*500,000* - of -  
NELSON FOUNDRY INC.

Pursuant to Article Two of  
the Stock Corporation Law.

HARRY A. NEWMAN  
10 East 40th St.  
New York, N.Y.

STATE OF NEW YORK  
DEPARTMENT OF STATE  
TAX \$ *10*  
FILING FEE \$ *40*  
FILED JAN 4 1943  
*Thomas J. Curran*  
Secretary of State  
*BT*

*6096-571-7*

**Question 2(a)**

33.20  
THIS INDENTURE, made the 1st day of November, nineteen hundred and fifty-four  
BETWEEN CLARA KLEIN residing at 25-40 31st Avenue, Astoria, New York

party of the first part, and NELSON FOUNDRY, INC., a New York Corporation,  
having its principal place of business at 389 Kent Avenue, Borough  
of Brooklyn, County of Kings, City and State of New York

party of the second part,

WITNESSETH, that the party of the first part, in consideration of ten dollars and other valuable consideration paid by the party of the second part, does hereby grant and release unto the party of the second part, the heirs or successors and assigns of the party of the second part forever,

ALL that certain plot, piece or parcel of land, with the buildings and improvements thereon erected, situate, lying and being in the First Ward of the Borough of Queens, City and State of New York, bounded and described as follows:

BEGINNING at the corner formed by the intersection of the southerly side of Broadway with the easterly side of Boulevard (now known as 11th Street) running thence easterly along the southerly side of Broadway, two hundred sixty-five and fifty-two one-hundredths (265.52) feet more or less to the corner formed by the intersection of the southerly side of Broadway with the westerly side of Sherman Street; (now known as 12th Street) thence southerly along the westerly side of Sherman Street, two hundred and twenty-one one-hundredths (200.21) feet more or less to the corner formed by the intersection of the westerly side of Sherman Street with the northerly side of Ridge Street (now known as 33rd Avenue) thence westerly along the northerly side of Ridge Street, two hundred twenty-seven and eight tenths (227.8) feet more or less to the corner formed by the intersection of the northerly side of Ridge Street with the easterly side of Boulevard; and thence northerly along the easterly side of Boulevard, two hundred three and sixty-eight one-hundredths (203.68) feet more or less to the point or place of beginning.

SUBJECT to a state of facts an accurate survey may disclose.

SUBJECT to covenants, restrictions and reservations of record, if any.

SUBJECT TO existing tenancy.

SUBJECT to three mortgages of record referred to in agreement consolidating same, dated September 30, 1952 and recorded in Queens County Register's Office in Liber 6613 of mortgages, page 673, originally in the principal sum of \$50,000.00 now reduced by payments to \$38,000.00 and interest.

SUBJECT to a purchase money mortgage made by the grantee herein to the grantor herein in the principal sum of \$112,000.00 and interest bearing even date herewith and intended to be recorded simultaneously herewith.

TOGETHER with all right, title and interest, if any, of the party of the first part of, in and to any streets and roads abutting the above described premises to the center lines thereof; TOGETHER with the appurtenances and all the estate and rights of the party of the first part in and to said premises; TO HAVE AND TO HOLD the premises herein granted unto the party of the second part, the heirs or successors and assigns of the party of the second part forever.

AND the party of the first part, in compliance with Section 13 of the Lien Law, covenants that the party of the first part will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied first for the purpose of paying the cost of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose.

The word "party" shall be construed as if it read "parties" whenever the sense of this indenture so requires.

IN WITNESS WHEREOF, the party of the first part has duly executed this deed the day and year first above written.

IN PRESENCE OF:

*Res. 10.11.54*

*Clara Klein*



On the 1st day of November 19 54, before me personally came CLARA KLEIN

On the day of 19 , before me personally came

to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that she executed the same.

to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that executed the same.

LEO B. MARK  
NOTARY PUBLIC, STATE OF NEW YORK  
No. 41-7718520  
Qualified in Queens County  
Certificates filed with  
Queens, New York & Kings  
County Clerks & Register's Office  
Commission Expires March 30, 1956

STATE OF NEW YORK, COUNTY OF

STATE OF NEW YORK, COUNTY OF

On the day of 19 , before me personally came to me known, who, being by me duly sworn, did depose and say that he resides at No. that he is the of

On the day of 19 , before me personally came the subscribing witness to the foregoing instrument, with whom I am personally acquainted, who, being by me duly sworn, did depose and say that he resides at No. that he knows

the corporation described in and which executed the foregoing instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation, and that he signed his name thereto by like order.

to be the individual described in and who executed the foregoing instrument; that he, said subscribing witness, was present and saw execute the same; and that he, said witness, at the same time subscribed his name as witness thereto.

TITLE INS.

CLARA KLEIN

124615 TO

NELSON FOUNDRY, INC.

Bargain and Sale Deed

WITHOUT COVENANT AGAINST GRANTOR'S ACTS

The land affected by the within instrument lies in Section 2 in Block 311 on the Land Map of the County of Queens

Recorded at Request of

PETER J. DONOGHUE  
295 MADISON AVE  
NEW YORK 17 N.Y.

STANDARD FORM OF  
NEW YORK BOARD OF TITLE UNDERWRITERS

Distributed by

TITLE GUARANTEE  
and Trust Company

RESERVE THIS SPACE FOR USE OF RECORDING OFFICE

OFFICE OF CITY REGISTER  
Queens County  
RECORDED IN DEEDS  
Witness my hand  
and official seal  
Lewis Orgel  
CITY REGISTER

**Question 7**



# Volumetric Techniques, LTD.

317 Bernice Drive Bayport, New York 11705 (516) 472-4848

To: Nelson Galvanizing  
11-10 Broadway  
Long Island City NY 11106  
John Sweeney (718) 728-2880

Date:  
Collected: 06/30/89  
Received: 06/30/89  
Completed: 07/06/89  
Reported By: *[Signature]*

Sample Taken By  
Client

Additional Lab No.:

Sample: Nelson Galvanizing 6/30/89  
Sulfuric Sample #1  
(718) 728-2880

Sample Number 88648906

Parameters	Results ppm(mg/l)	Parameters	Results ppm(mg/l)
Arsenic	0.68	Flash Point	190°
Barium	1.43	Ash	NA
Cadmium	<0.01	BTU/Gal	460,000
Chromium	2.05	Viscosity	39
Mercury	0.1	CHEMICAL COMPOSITION	RESULTS IN
Lead	21.24	Metal Blends	20
Iron	9292.20	Salts	35
Selenium	2.0	Sulfuric Acid	5
Silver	<0.01	Water	38
Copper	<0.01	Metals	1.15
Nickel	45.60		
Zinc	2324.30		
Chromium-Hex	<5.00		
PHYSICAL PARAMETER			
Color	GREEN		
Odor	NONE		
Physical State	LIQUID		
Layers	TWO		
Cyanides	NONE		
Sulfides	NONE		
PCB's	NONE		
Halogen	NONE		
pH	2.0		
YDS	351.200		
Specific Gravity	1.28		

## Comments

Tests are conducted in accordance with 40 CFR 261 Appendix 11 EPA Toxicity & Solid Waste.

CONSULTING CHEMIST COMPLETE LABORATORY TESTING  
Sander K. Sternig Director of Laboratories

# Independent Testing Laboratories, Inc.

Locations in New York and New Jersey

129-11 18th AVENUE • COLLEGE POINT, N.Y. 11356 • (718) 961-8530

September 21, 1988

Nelson Galvanizing, Inc.

Report No.

11-02 Broadway

Long Island City, New York 11106 Job No.

Attention: Mr. John Sweeney

Re: Testing Results of One Crystal Sample from - 11-02, Broadway

Dear Mr. Sweeney:

On September 20, 1988 your delivered to Independent Testing Laboratories, Inc. one crystal sample from acid cleaning tank. The sample was tested using Atomic Absorption Spectrophotometer. The following are the results of the tests:

Name of Test			Result
Chromium	(Cr)	ug/g	0.0
Cadmium	(Cd)	ug/g	0.0
Lead	(Pb)	ug/g	1.0
Arsenic	(As)	ug/g	48.3
Copper	(Cu)	ug/g	35.2
Iron	(Fe)	ug/g	117,000
Zinc	(Zn)	ug/g	17,700
PH			4.0

ppm

Very truly yours,

*Howard Pickett*  
Howard Pickett, President  
Independent Testing Labs., Inc.

LABID-10860

5/02/89

CLIENT:  
NELSON GALVINIZING  
11-02 BROADWAY  
LONG ISLAND CITY, NY 11106

COLLECTED: 4/08/89  
RECEIVED: 4/21/89  
ANALYSIS: 5/01/89

ID NO: N/A

SAMPLE: SALT CRYSTALS  
QUANTITY: 5.00 GRAMS-HNO<sub>3</sub>/HCL DIGESTION FOR METALS ONLY

CERTIFICATION

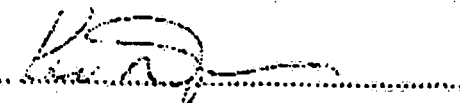
PARAMETER

RESULTS mg/SAMPLE

CADMIUM-Cd	< 0.01
CHROMIUM-Cr	< 0.02
CHROMIUM-hexavalent	****
COPPER-Cu	0.14
LEAD-Pb	< 0.1
NICKEL-Ni	0.80
SILVER-Ag	< 0.01
ZINC-Zn	47.0.
IRON-Fe	1,250.
CYANIDE-Total	****
CYANIDE-amenable	****

In accord 40CFR part 135-Rev. 7/01/87

We certify that this is a true copy of our tests

  
KEN DWYER LAB. DIRECTOR

**Question 9**



DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF HAZARDOUS SUBSTANCES REGULATION  
**HAZARDOUS WASTE MANIFEST**  
P.O. Box 12820, Albany, New York 12212

Please print or type. Do not staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal Law.							
3. Generator's Name and Mailing Address <b>NELSON GALVANIZING INC</b> <b>11-01-0041 ETC NY-11106</b>						A. State Manifest Document No. <b>NY B 294147 0</b>									
4. Generator's Phone ( ) <b>718-225-0250</b>						B. Generator's ID <b>Same</b>									
5. Transporter 1 (Company Name) <b>Chemical Waste Management Inc</b>						C. State Transporter's ID <b>51093</b>									
6. US EPA ID Number <b>011010911-1-1216/11</b>						D. Transporter's Phone ( ) <b>(201) 465-9134</b>									
7. Transporter 2 (Company Name)						E. State Transporter's ID									
8. US EPA ID Number						F. Transporter's Phone ( )									
9. Designated Facility Name and Site Address <b>Chemical Waste Management Inc</b> <b>11106 ETC NY-11106</b>						G. State Facility's ID <b>SAME</b>									
10. US EPA ID Number <b>011010911-1-1216/11</b>						H. Facility's Phone ( ) <b>(201) 465-9134</b>									
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit		15. Waste No.			
						No. Type				Wt/Vol		EPA			
a. <b>570 DILUTED R1D SOLUTION</b>						<b>1211 17X4900G</b>						STATE <b>NY</b>			
b.												EPA			
												STATE			
c.												EPA			
												STATE			
d.												EPA			
												STATE			
J. Additional Descriptions for Materials listed Above						K. Handling Codes for Wastes Listed Above									
a. <b>1105-11-001</b>						a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/>									
b.						b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/>									
15. Special Handling Instructions and Additional Information <b>See 11106 ETC NY-11106</b>															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name <b>JOHN T SWEENEY</b>						Signature <b>John T Sweeney</b>						Mo. Day Year <b>10/13/19/11</b>			
17. Transporter 1 (Acknowledgement of Receipt of Materials)						Printed/Typed Name <b>Same</b>						Signature <b>Same</b>		Mo. Day Year <b>10/13/19/11</b>	
18. Transporter 2 (Acknowledgement of Receipt of Materials)						Printed/Typed Name						Signature		Mo. Day Year	
19. Discrepancy Indication Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.															
Printed/Typed Name						Signature						Mo. Day Year			

DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF SOLID AND HAZARDOUS WASTE

## HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039. Expires 9-30-88

Please print or type.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NY D 0 0 1 2 2 9 3 5 0	Manifest Document No. D B 4 3 9	2. Page 1 of 1	Information in the shaded areas is not required by Federal Law.	
3. Generator's Name and Mailing Address <b>Malson Calmarizing</b> <b>11-02 Broadway, Long Island City, NY 11106</b>				A. State Manifest No. <b>NY A 703845 9</b>		
4. Generator's Phone (718) 728-0880				B. Generator's ID <b>SAME</b>		
5. Transporter 1 (Company Name) <b>RGM LIQUID WASTE REMOVAL CORP</b>				C. State Transporter's ID <b>851442</b>		
6. US EPA ID Number <b>NY D 0 5 0 5 9 2 8 0 7</b>				D. Transporter's Phone <b>(516) 586-0002</b>		
7. Transporter 2 (Company Name)				E. State Transporter's ID		
8. US EPA ID Number				F. Transporter's Phone ( )		
9. Designated Facility Name and Site Address <b>Chemical Pollution Control Inc.</b> <b>120 South Fourth Street</b> <b>Bay Shore, NY 11706</b>				G. State Facility's ID <b>SAME</b>		
10. US EPA ID Number <b>NY D 9 8 2 7 5 5 4 2 9</b>				H. Facility's Phone <b>(516) 586-0333</b>		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. <b>WASTE 5% Sulfuric Acid Solution</b> <b>CORROSIVE MATERIAL UN1832 (0002)</b>		No. Type				
J. Additional Descriptions for Materials listed Above		K. Handling Codes for Wastes Listed Above				
a. <b>1905-C 129</b>		a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>				
b. <input type="checkbox"/>		b. <input type="checkbox"/> c. <input type="checkbox"/>				
c. <input type="checkbox"/>		c. <input type="checkbox"/>				
d. <input type="checkbox"/>		d. <input type="checkbox"/>				
15. Special Handling Instructions and Additional Information <b>A) D008 20% METAL SLUDGE</b> <b>35% SALTS 38% WATER 1.15% METALS</b>						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. If I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name <b>John L. ...</b>		Signature <i>[Signature]</i>		Mo. Day Year <b>08 28 89</b>		
17. Transporter 1 (Acknowledgement or Receipt of Materials)						
Printed/Typed Name <b>Michael M. Puccio</b>		Signature <i>[Signature]</i>		Mo. Day Year <b>08 28 89</b>		
18. Transporter 2 (Acknowledgement or Receipt of Materials)						
Printed/Typed Name		Signature		Mo. Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name <b>THOMAS HEGLENN</b>		Signature <i>[Signature]</i>		Mo. Day Year <b>08 28 89</b>		



STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039. Expires 9-30-88

Please print or type.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NY D 0 0 1 2 2 9 3 5 0 3 9 1 0 1	Manifest Document No. 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal Law.
3. Generator's Name and Mailing Address <b>Nelson Galvanizing</b> <b>11-02 Broadway, Long Island City, NY 11186</b>				A. State Manifest Document No. <b>NY A 703916 1</b>	
4. Generator's Phone <b>(718) 718-728-0880</b>				B. Generator's ID <b>None</b>	
5. Transporter 1 (Company Name) <b>Chemical Pollution Control Inc.</b>				C. State Transporter's ID <b>NY B 51947</b>	
6. US EPA ID Number <b>1-1-0-0-1-1-0-1-1-0</b>				D. Transporter's Phone <b>(516) 586-0002</b>	
7. Transporter 2 (Company Name) <b>RGM LIQUID WASTE REMOVAL</b>				E. State Transporter's ID <b>NY D 050592807</b>	
8. US EPA ID Number <b>NY D 050592807</b>				F. Transporter's Phone <b>(516) 586-0002</b>	
9. Designated Facility Name and Site Address <b>Chemical Pollution Control Inc.</b> <b>120 South Fourth Street</b> <b>Bay Shore, NY 11706</b>				G. State Facility's ID <b>None</b>	
10. US EPA ID Number <b>NY D 082785429</b>				H. Facility's Phone <b>(516) 586-0333</b>	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	i. Waste No.
a. <b>WASTE 5% SULFURIC ACID SOLUTION</b> <b>CORROSIVE MATERIAL UN1832(D002)</b>		No. <b>001</b> Type <b>TTD</b>	<b>3000.6</b>	<b>G</b>	<b>D002</b>
b.					
c.					
d.					
J. Additional Descriptions for Materials listed Above		K. Handling Codes for Wastes Listed Above			
a. <b>1905-C D008 1129</b>		a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/>			
b.		b. <input type="checkbox"/> d. <input type="checkbox"/>			
15. Special Handling Instructions and Additional Information <b>38% WATER, 1.15% METALS</b> <b>A) 20% METAL SLUDGE, 35% SALTS</b>					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. If I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name <b>John T. Sweeney</b>		Signature <i>John T. Sweeney</i>		Mo. Day Year <b>090389</b>	
17. Transporter 1 (Acknowledgement of Receipt of Materials)		Printed/Typed Name <b>RAY RIGIT</b>		Signature <i>Ray Rigit</i>	
18. Transporter 2 (Acknowledgement or Receipt of Materials)		Printed/Typed Name		Signature	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name <b>THOMAS McLENNAN</b>		Signature <i>Thomas McLennan</i>		Mo. Day Year <b>090789</b>	

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (516) 457-7392.



DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF SOLID AND HAZARDOUS WASTE  
**HAZARDOUS WASTE MANIFEST**  
P.O. Box 12820, Albany, New York 12212

Please print or type

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NY D 0 0 1 2 2 9 3 5 0 9 1 1 4 4		Manifest Document No. 11 4 4		2. Page 1 of 1		Information in the shaded areas is not required by Federal Law.		
3. Generator's Name and Mailing Address <b>Nelson Galvanizing</b> <b>11-02 Broadway, Long Island City, NY 11106</b>						A. State Manifest Document No. <b>NY A 710114 4</b>				
4. Generator's Phone (718) <b>728-0888</b>						B. Generator's ID <b>SAME</b>				
5. Transporter 1 (Company Name) <b>Chemical Pollution Control Inc.</b>						C. State Transporter's ID <b>091A 8036</b>				
6. US EPA ID Number <b>NY D 0 8 2 7 8 5 4 2 9</b>						D. Transporter's Phone (314) <b>306-3333</b>				
7. Transporter 2 (Company Name)						E. State Transporter's ID				
8. US EPA ID Number						F. Transporter's Phone ( )				
9. Designated Facility Name and Site Address <b>Chemical Pollution Control Inc.</b> <b>126 South Fourth Street</b> <b>Bay Shore, NY 11706</b>						G. State Facility's ID <b>SAME</b>				
10. US EPA ID Number <b>NY D 0 8 2 7 8 5 4 2 9</b>						H. Facility's Phone (314) <b>306-0333</b>				
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity	14. Unit	15. Waste No.
						No.	Type		Wt/Vol	
a. <b>WASTE ACID LIQUID NOS</b>										
b. <b>COMPOSIVE MATERIAL NA1760 (D007)</b>						<b>1</b>	<b>UN</b>	<b>1600</b>	<b>330</b>	<b>G D002</b>
c. <b>HAZARDOUS WASTE SOLID NOS</b>										
d. <b>ORM-E NA9181 (D008)</b>						<b>1</b>	<b>UN</b>	<b>1000</b>	<b>4000</b>	<b>P D008</b>
J. Additional Descriptions for Materials listed Above						K. Handling Codes for Wastes Listed Above				
D007, D008, D010 106						a	<input checked="" type="checkbox"/>	c	<input type="checkbox"/>	
D007, D010						b	<input checked="" type="checkbox"/>	d	<input type="checkbox"/>	
87% SLUDGE 100										
15. Special Handling Instructions and Additional Information <b>D1905-H = D011, 5% SULFURIC ACID, NITROHYDROCHLORIC ACID 20-5% SALTS</b> <b>D1905-B =</b>										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name <b>JOHN T SWEENEY</b>						Signature 		Mo. Day Year <b>12 13 88</b>		
17. Transporter 1 (Acknowledgement of Receipt of Materials)										
Printed/Typed Name <b>ARCELOR</b>						Signature 		Mo. Day Year <b>12 13 88</b>		
18. Transporter 2 (Acknowledgement or Receipt of Materials)										
Printed/Typed Name <b>THOMAS McLENNON</b>						Signature 		Mo. Day Year <b>12 13 88</b>		
19. Discrepancy Indication Space										
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.										
Printed/Typed Name <b>THOMAS McLENNON</b>						Signature 		Mo. Day Year <b>12 13 88</b>		

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (516) 457-7382.

GENERATOR  
TRANSPORTER  
FACILITY



**Question 19**

# LAMBDA ANALYTICAL LABORATORIES

55 WEBSTER AVE.  
NEW ROCHELLE, NY 10801

(914) 854-9117

LABID-10860

CLIENT:  
NELSON GALVINIZING CO.  
11-02 BROADWAY  
LONG ISLAND CITY, NY 11106

3/20/89

COLLECTED: 3/13/89  
RECEIVED: 3/14/89  
ANALYSIS: 3/16/89

ID NO: 00840 B

SAMPLE: SOIL SURFACE (NITRIC ACID DIGESTION)  
QUANTITY: 25.0 GRAMS

## CERTIFICATION

### PARAMETER

### RESULTS mg/Kg

CADMIUM-Cd

6.94

CHROMIUM-Cr

50.28

CHROMIUM-hexavalent

\*\*\*\*

COPPER-Cu

41.36

LEAD-Pb

1200.

NICKEL-Ni

22.12

SILVER-Ag

<.01

ZINC-Zn

16,520.

CYANIDE-Total

\*\*\*\*\*

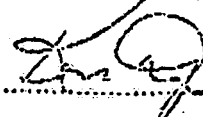
CYANIDE-amenable

\*\*\*\*\*

ppm

In accord 40CFR part 136-Rev. 7/01/87

We certify that this is a true copy of our tests



KEN DWYER

LAB. DIRECTOR

# LAMBDA ANALYTICAL LABORATORIES

55 WEBSTER AVE.

NEW ROCHELLE, NY 10801

(914) 654-9117

LABID-10860

CLIENT:

NELSON GALVINIZING CO.

11-02 BROADWAY

LONG ISLAND CITY, NY 11106

3/20/89

COLLECTED: 3/13/89

RECEIVED: 3/14/89

ANALYSIS: 3/16/89

ID NO: 00840 C

SAMPLE: SOIL TRENCH 2 FT. DP. (NITRIC ACID DIGESTION)  
QUANTITY: 25.0 GRAMS

## CERTIFICATION

### PARAMETER

### RESULTS mg/Kg

CADMIUM-Cd

14.24

CHROMIUM-Cr

77.9

CHROMIUM-hexavalent

\*\*\*\*

COPPER-Cu

109.6

LEAD-Pb

779.

NICKEL-Ni

30.6

SILVER-Ag

<.01

ZINC-Zn

28,020.

CYANIDE-Total

\*\*\*\*\*

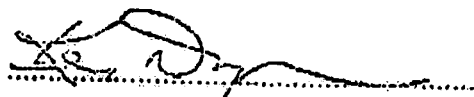
CYANIDE-amenable

\*\*\*\*\*

ppm

In accord 40CFR part 135-Rev. 7/01/87

We certify that this is a true copy of our tests



KEN DWYER

LAB. DIRECTOR

**Question 21**

MetalChem, Inc.  
1725 Washington Road, P.O. Box 12637  
Pittsburgh, PA 15241  
TEL: 412-854-5220  
FAX: 412-854-4740  
TWX: 510-601-1546

S T A T E M E N T

Nelson Galvanizing Company  
11-02 Broadway  
Long Island City, NY 11106

January 16, 1991

Attn: Mr. J. T. Sweeney

Dear John,

Below is a revised summary of your receivables and payables currently outstanding.

Accounts Receivable:	8-386D - PWZN - 11/02/88	\$ 33,071.80
	8-530.3 - PWZN - 12/22/88	33,150.00
	9-141.4 - PWZN - 04/03/89	34,371.00
	Payment Rcvd. 02/10/89	(10,000.00)
	9-210 - PWZN - 5/04/89	39,387.60
	Payment Rcvd. - 06/02/89	(10,000.00)
	Payment Rcvd. - 7/17/89	(10,000.00)
	9-335 - PWZN - 7/17/89	35,199.40
	Payment Rcvd. - 9/5/89	(10,000.00)
	0-289.5 PWZN - 6/26/90	37,096.80
	PWZN - 8/16/90	36,278.55
	PWZN - 10/30/90	27,614.40
	Payment Rcvd. 9/4/90	(5,000.00)
	Payment Rcvd. 10/17/90	(10,000.00)
	Payment Rcvd. 11/13/90	(10,000.00)
	Payment Rcvd. 12/13/90	(10,000.00)

Total Due MetalChem:

---

\$201,169.55

Nelson Galvanizing  
Statement  
1/16/91

Accounts Payable:

8-424 - Zinc Ash 10/7/88	\$ 7,912.80
8-446 - Sal Skimm. 10/24/88	190.30
8-498 - Zinc Dross 11/18/88	18,640.97
9-289/3564 Zinc Dross 2/17/89	18,734.00
9-289 - Zinc Dross 4/10/89	17,766.00
9-178 Zinc Ash 4/18/89	11,200.28
9-278 Zinc Dross 6/08/89	19,809.00
9-398 Zinc Dross 8/22/89	17,469.00
9-428 Zinc Ash 9/6/89	11,018.80
9-463 Sal Skimm. 9/26/89	1,615.85
9-554 Zinc Dross 11/15/89	9,141.80
0-051 Zinc Ash - 1/19/90	8,726.70
0-256 Zinc Ash - 4/10/90	4,357.50
0-298 Sal Skimm. - 4/10/90	632.00
0-322 Zinc Dross - 6/22/90	20,957.40
0-704 Zinc Ash - 11/5/90	5,852.00
0-688 Zinc Dross - 11/5/90	9,520.00
0-747 Sal Skimm. - 11/5/90	89.00
0-769 Zinc Dross - 12/20/90	19,323.30

Total Due Nelson Galvanizing:

\$202,956.70

TOTAL DUE NELSON GALVANIZING:

\$ 1,787.15

Sincerely,

  
Henry A. DeFrancesca  
President

**Question 23**

# NELSON GALVANIZING INC.

11-02 BROADWAY  
LONG ISLAND CITY, N. Y. 11106

## HAZARD COMMUNICATION TRAINING PROGRAM

### Initial Assignment Information and Training

- a) The plant manager, John Sweeney, will train new employees in hazard communication and protection procedures as part of their general orientation before the new employees begin work.
- b) The plant manager, John Sweeney, is responsible for training affected employees whenever new hazardous chemicals are introduced into the workplace. This responsibility extends to providing additional training, as required, for existing employees reassigned into new positions.
- c) All current employees shall be trained in the elements of Nelson Galvanizing Inc.'s hazard communication program by John Sweeney.



Safety Guidelines

## NELSON GALVANIZING INC.

11-02 BROADWAY  
LONG ISLAND CITY, N. Y. 11106

WELCOME TO NELSON GALVANIZING

As an employee of Nelson Galvanizing, OSHA requires that you be made aware and trained in the handling of any and all hazardous materials on the premises under the Hazard Communication Standard, effective May 23, 1988 (Federal Reg. 1910.1200). These new regulations apply to all Nelson Galvanizing employees regardless of work section, since the area of hazardous chemicals is easily accessible. For your safety and protection, before you start working you will be given protective equipment which must be worn at all times during the work period. (Find attached a list of all required safety gear.)

In the far right section of the plant you will find the PICKLING AREA. This is where we clean steel before galvanizing. In this area, you will find two (2) hazardous chemicals.:  
1) The FIRST, THIRD, and FOURTH Tanks contain a mixture of water and SULPHURIC ACID. The sulphuric acid has been shipped in D.O.T. approved fifty (50) gallon plastic drums, both tagged and labelled. They are to be handled ONLY by the person or persons in charge of the Pickling area.

SULPHURIC ACID is stable, but reacts with many chemicals. Vigorous reactions occur in the presence of water, alkaline solutions, metals, and metal powders. [ \*Hazardous gases are evolved on contact with chemicals such as cyanides, sulfides,

Page Two

## NELSON GALVANIZING INC.

11-02 BROADWAY

LONG ISLAND CITY, N. Y. 11106

Safety Guidelines (Continued)

carbides, and it releases sulfur dioxide at extremely high temperatures\*[.

\*This section does not apply to conditions at Nelson Galv.

The Health Hazards information listed below are from the DuPont Materials Data Sheet on Sulphuric Acid:

Effect of Exposure

Causes severe burns of skin, eyes, and all body tissues.

Ingested: Causes severe burns of mouth, esophagus, and stomach.

Inhalation: of mist or vapors may cause respiratory irritation.

FIRST AID:

In case of contact: immediately flush eyes or skin with plenty of water for at least 15 minutes and then contact a physician.

If swallowed: DO NOT INDUCE VOMITING! Have patient drink large quantities of water and call a physician.

The SECOND tank contains water and CAUSTIC SODA. The soda is shipped to Nelson Galvanizing as flakes in fifty (50) gallon D.O.T. approved drums, tagged and labelled, and stored in the pickling area. The Caustic Soda is used to remove oil and paint from steel. As with the sulphuric acid, direct contact with Caustic Soda can cause severe burns and inhalation of its dust can damage the upper respiratory tract.

FIRST AID:

Page Three

## NELSON GALVANIZING INC.

11-02 BROADWAY

LONG ISLAND CITY, N. Y. 11106

Safety Guidelines (Continued)

In case of contact with skin or eyes: Flush with water for at least 15 minutes, contact a physician.

If inhaled: get fresh air, administer oxygen if needed, contact physician.

If ingested: drink many cups of water, DO NOT INDUCE VOMITING, contact a physician.

The FIFTH (last) tank contains ZINC AMMONIUM CHLORIDE. This solution is used as a wash off bath and a final preparation agent before actual galvanizing.

In case of contact, inhalation, or ingestion, use the aforementioned First Aid treatments for caustic soda, and contact a physician.

As you can see upon inspection of the PICKLING AREA, all tanks are raised above ground. This is to insure early detection of any and all leaks. If you detect a leak, DO NOT ATTEMPT TO FIX IT. Immediately report it to John Sweeney, Frenchy Lescoat, or Moses Bailey. At night contact Lionel Joseph.

On the right side of the plant, immediately left of the PICKLING AREA, you will find the GALVANIZING TANK. This tank is 4' deep by 4' wide by 26' long, and contains 120,000 lbs. of zinc kept at a temperature of 870 degrees Fahrenheit. The major hazard from this tank is the molten zinc and its residual heat. Do not put anything in this tank. Cold or wet materials

Page Four

## NELSON GALVANIZING INC.

11-02 BROADWAY

LONG ISLAND CITY, N. Y. 11106

Safety Guidelines (Continued)

placed in the zinc tank will expand and cause splattering, which can result in third degree skin burns.

In case of burns: Flush with water, rush to a physician.

[Zinc is shipped cold, in ingots of 2000lbs, each.]

If you have any questions, or if you think that you do not understand some of the things mentioned in this folder, or if you wish more information on the chemicals we use and wish to see the Material Data Sheets, contact Mr. John Sweeney or Mr. Frenchy Lescoat in the Shop Office. Thank you.

## NELSON GALVANIZING INC.

11-02 BROADWAY

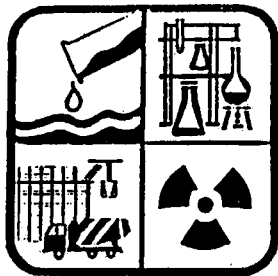
LONG ISLAND CITY, N. Y. 11106

LIST OF HAZARDOUS CHEMICALS KNOWN TO BE PRESENT AT NELSON:

\*Note: A MATERIAL SAFETY DATA SHEET is on file for each substance on this list. Details of specific Physical and Health hazards as well as protective measures can be found on the M.S.-D.S. for each individual chemical.

<u>Substance</u>	<u>Supplier</u>
1) Sulfuric acid	La Place Chemical, Elmwood Park, NJ.
2) Caustic Soda	La Place Chemical, Elmwood Park, NJ.
3) Zinc Ammonium Chloride	Zaclon Cleveland, OH
4) Zinc	Metal Chem Pittsburgh, PA

**Question 25**



# INDEPENDENT TESTING LABORATORIES, INC.

"SERVING INDUSTRY WORLDWIDE SINCE 1976"

129-11 18th Avenue - College Point, N.Y. 11356

(718) 961-8530

October 12, 1988

Nelson Galavizing, Incorporated  
11-02 Broadway  
Long Island City, New York

11106

Report No. LTR - 3

Job No. 091988

Attention: Mr. John Sweeney

Re: Testing Results of Water Sample from - Monitoring Well (11-02 Broadway)

Dear Mr. Sweeney:

On September 26, 1988, Mrs. Yu-Wen Tsang of Independent Testing Labs., Inc. went to the above referenced area and took a water sample from the monitoring well. She then delivered the water sample to the Laboratory for further tests. The sample was tested in accordance with Standard Methods for the Examination of Water & Wastewater (15th Edition). The following are the results of the tests:

<u>Name of Test</u>		<u>Result</u>
	PH	4.0
Lead	Pb (mg/l)	0.00
Chromium	Cr (mg/l)	0.00
Cadmium	Cd (mg/l)	7.4
Arsenic	As (mg/l)	10.0
Barium	Ba (mg/l)	15.9
Selenium	Se (mg/l)	0.01
Silver	Ag (mg/l)	0.00

Yu-Wen Tsang  
Laboratory Technician

Very truly yours,

Independent Testing Labs., Inc.  
Howard Pickett, President

**LABID-10860**

3/31/89

CLIENT:  
NELSON GALVINIZING CO.  
11-02 BROADWAY  
LONG ISLAND CITY, NY 11106

**REF NO: 00888**

COLLECTED: 3/28/89  
RECEIVED: 3/28/89  
ANALYSIS: 3/30/89

SAMPLE: GROUNDWATER  
QUANTITY: 1 LITER (preserved)

**CERTIFICATION**


**PARAMETER**

**RESULTS mg/l**

CADMIUM-Cd	0.12
CHROMIUM-Cr	0.23
CHROMIUM-hexavalent	****
COPPER-Cu	0.15
LEAD-Pb	0.72
NICKEL-Ni	0.45
SILVER-Ag	< 0.01
ZINC-Zn	852.5
CYANIDE-Total	< 0.05
CYANIDE-Amenable	*****

In accord 40CFR part 136-Rev. 7/01/87

We certify that this is a true copy of our tests

  
KEN DWYER LAB. DIRECTOR



**LABID-10860**

CLIENT:  
NELSON GALVINIZING CO.  
11-02 BROADWAY  
LONG ISLAND CITY, NY 11106

4/16/89

COLLECTED: 3/28/89

RECEIVED: 3/28/89

ANALYSIS: 4/13/89

ID NO: 00872


SAMPLE: GROUNDWATER  
QUANTITY: 1 LITER

**CERTIFICATION**

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u> mg/L</b>
CADMIUM-Cd	.24
CHROMIUM-Cr	1.08
CHROMIUM-hexavalent	****
COPPER-Cu	.77
LEAD-Pb	.53
NICKEL-Ni	<.02
SILVER-Ag	<.01
ZINC-Zn	1325.
CYANIDE-Total	*****
CYANIDE-amenable	*****

In accord 40CFR part 136-Rev. 7/01/87

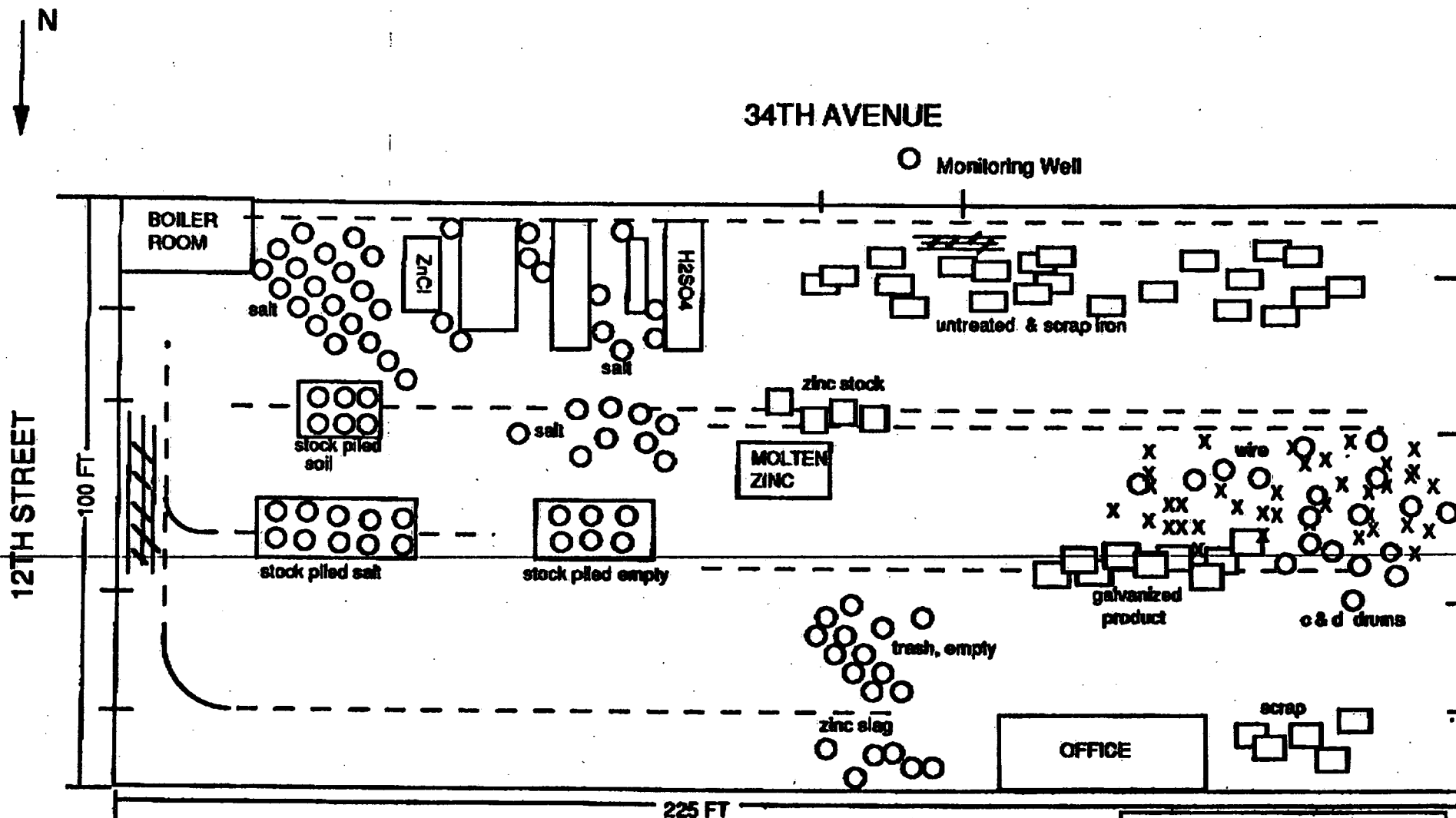
We certify that this is a true copy of our tests



KEN DWYER

LAB. DIRECTOR

**Question 31**



# NELSON GALVANIZING

## SITE LAYOUT

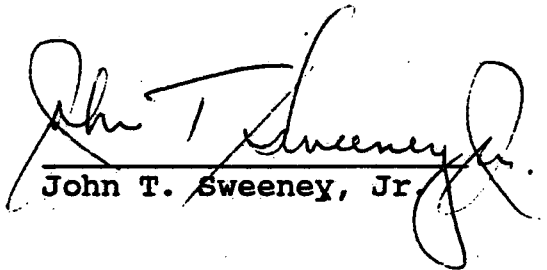
FIGURE 6.2

LEGEND	
+ +	garage door
X	wire scrap
O	drum
//	scrap iron
- -	overhead crane

**Question 34**

This is to certify that there have been, to the best of my knowledge, no material changes in the financial status of Nelson Galvanizing, Inc., Nelson Foundry, Inc., John T. Sweeney, Jr. and Robert Sweeney from the status reflected in the attached tax returns.

Dated: March 22, 1991



John T. Sweeney, Jr.

# U.S. Corporation Short-Form Income Tax Return

OMB No. 1545-0890

Instructions are separate. See them to make sure you qualify to file Form 1120-A.

For calendar year 1989 or tax year beginning 8/1, 1989, ending 7/31, 1990.

**1989**

A Check this box if corp. is a personal service corp. (as defined in Temp. Regs. sec. 1.441-4T—see instructions) ☐

Use IRS label. Otherwise, please print or type.

\*\*\*\*\* CAR-RT-SORT\*\*CR04  
0J 11-6023090 JUL90 S19 6511 M  
NELSON FOUNDRY INC  
11 02 BROADWAY  
LONG ISLAND CITY NY 11106

Employer identification number

Rate incorporated

Total assets (see Specific Instructions)

E Check applicable boxes:

(1) ☐ Initial return (2) ☐ Change in address

F Check method of accounting:

(1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) \_\_\_\_\_

Income	1a	Gross receipts or sales		b	Less returns and allowances		c	Balance	1c	
	2	Cost of goods sold and/or operations (see instructions)							2	
	3	Gross profit (line 1c less line 2)							3	
	4	Domestic corporation dividends subject to the 70% deduction							4	
	5	Interest							5	
	6	Gross rents							6	
	7	Gross royalties							7	
	8	Capital gain net income (attach Schedule D (Form 1120))							8	
	9	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)							9	
	10	Other income (see instructions)							10	
	11	Total income—Add lines 3 through 10							11	0
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions)							12	
	13a	Salaries and wages		b	Less jobs credit		c	Balance	13c	
	14	Repairs							14	
	15	Bad debts							15	
	16	Rents							16	
	17	Taxes							17	462
	18	Interest							18	
	19	Contributions (see instructions for 10% limitation)							19	
	20	Depreciation (attach Form 4562)		20					20	
	21	Less depreciation claimed elsewhere on return		21a					21b	
	22	Other deductions (attach schedule)							22	
23	Total deductions—Add lines 12 through 22							23	462	
24	Taxable income before net operating loss deduction and special deductions (line 11 less line 23)							24	(462)	
25	Less: a Net operating loss deduction (see instructions)		25a					25c		
	b Special deductions (see instructions)		25b					25c		
26	Taxable income—Line 24 less line 25c							26	(462)	
27	Total tax (Part I, line 7)							27	0	
Tax and Payments	28	Payments:								
	a	1988 overpayment credited to 1989	28a							
	b	1989 estimated tax payments	28b							
	c	Less 1989 refund applied for on Form 4466	28c							
	d	Tax deposited with Form 7004	28d							
	e	Credit from regulated investment companies (attach Form 2439)	28e							
	f	Credit for Federal tax on fuels (attach Form 4136)	28f							
	g	Total payments—Add lines 28d through 28g	28g							
	29	Enter any penalty for underpayment of estimated tax—Check <input type="checkbox"/> if Form 2220 is attached	29							
	30	Tax due—If the total of lines 27 and 29 is larger than line 28h, enter amount owed	30							
	31	Overpayment—If line 28h is larger than the total of lines 27 and 29, enter amount overpaid	31							
32	Enter amount of line 31 you want: Credited to 1990 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	32								

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☒

Preparer's social security number

Firm's name (or yours if self-employed) and address

E.I. No.

ZIP code

**U.S. Corporation Short-Form Income Tax Return**

OMB No. 1545-0090

**1988**

To see if you qualify to file Form 1120-A, see instructions.

For calendar year 1988 or tax year beginning AUG 1 1988, ending JULY 31/89

A Check this box if corp. is a personal service corp. (as defined in Temp. Regs. sec. 1.441-4T—see instructions) ☐

Use IRS label. Otherwise, please print or type.

Name

\*\*\*\*\* CAR-RT-SORT\*\*CR04  
OI 11-1572517 8910 519 3470 M  
NELSON GALVANIZING INC  
11 02 BROADWAY  
LONG ISLAND CITY NY 11106

Employer identification number (EIN)

Date incorporated

8/1/47

Total assets (See Specific Instructions.)

Dollars

Cents

E Check applicable boxes:

(1)

Initial return

(2)

Change in address

F Check method of accounting:

(1)

Cash

(2)

Accrual

(3)

Other (specify)   

113621

Income	1a	Gross receipts or sales		b	Less returns and allowances		Balance	1c	
	2	Cost of goods sold and/or operations (see instructions)						2	
	3	Gross profit (line 1c less line 2)						3	
	4	Domestic corporation dividends subject to the 70% deduction						4	
	5	Interest						5	
	6	Gross rents						6	450
	7	Gross royalties						7	
	8	Capital gain net income (attach separate Schedule D (Form 1120))						8	
	9	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)						9	
	10	Other income (see instructions)						10	
	11	Total income—Add lines 3 through 10.						11	450
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions).						12	
	13a	Salaries and wages		b	Less jobs credit		Balance	13c	
	14	Repairs						14	
	15	Bad debts						15	
	16	Rents						16	
	17	Taxes						17	463
	18	Interest						18	
	19	Contributions (see instructions for 10% limitation)						19	
	20	Depreciation (attach Form 4562)		20					
	21	Less depreciation claimed elsewhere on return		21a				21b	
	22	Other deductions (attach schedule)						22	
23	Total deductions—Add lines 12 through 22.						23	463	
24	Taxable income before net operating loss deduction and special deductions (line 11 less line 23)						24	(13)	
25	Less: a Net operating loss deduction (see instructions) 7/31/86		25a	742					
	b Special deductions (see instructions)		25b				25c	742	
26	Taxable income (line 24 less line 25c)						26	-0-	
27	Total tax (from Part I, line 7 on page 2)						27	-0-	
Tax and Payments	28	Payments:							
	a	1987 overpayment credited to 1988	28a						
	b	1988 estimated tax payments	28b						
	c	Less 1988 refund applied for on Form 4466	28c						
	d	Tax deposited with Form 7004	28d						
	e	Credit from regulated investment companies (attach Form 2439)	28e						
	f	Credit for Federal tax on fuels (attach Form 4136)	28f						
	g	Total payments—Add lines 28d through 28g	28g						
	29	Enter any penalty for underpayment of estimated tax—Check <input type="checkbox"/> If Form 2220 is attached.						29	
	30	Tax due—If the total of lines 27 and 29 is larger than line 28h, enter amount owed						30	0
	31	Overpayment—If line 28h is larger than the total of lines 27 and 29, enter amount overpaid						31	
32	Enter amount of line 31 you want: Credited to 1989 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>						32		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's social security number

Firm's name (or yours if self-employed) and address

E.I. No.

ZIP code

Form **1120-A****U.S. Corporation Short-Form Income Tax Return**

To see if you qualify to file Form 1120-A, see instructions.

1235

OMB No. 1545-0890

Department of the Treasury  
Internal Revenue ServiceFor calendar 1987 or tax year beginning April 1, 1987, ending July 31, 19 87**1987**See **A** Activity  
Instruc-  
tions for  
list of  
principal  
business:  
**B** Product or service  
**C** CodeUse IRS  
label.  
Other-  
wise,  
please  
type or  
machine  
print.  
OJ. 11-6023090 8807 519 6511 M  
NELSON FOUNDRY INC  
11 02 BROADWAY  
LONG ISLAND CITY NY 11106 395**D** Employer identification number (EIN)  
**E** Date incorporated  
**F** Total assets (See Specific Instructions.)  
Dollars Cents  
\$ 113634**G** Check method of accounting: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) .**H** Check applicable boxes: (1) ☐ Initial return (2) ☐ Change in address

Income		Deductions (See instructions for limitations on deductions)		Tax and Payments		
1a	Gross receipts or sales	b	Less returns and allowances	Balance ▶	1c	
2	Cost of goods sold and/or operations (see instructions)				2	
3	Gross profit (line 1c less line 2)				3	
4	Domestic corporation dividends subject to the Section 243(a)(1) deduction				4	
5	Interest				5	
6	Gross rents				6	500
7	Gross royalties				7	
8	Capital gain net income (attach separate Schedule D (Form 1120))				8	
9	Net gain or (loss) from Form 4797, line 18, Part II (attach Form 4797)				9	
10	Other income (see instructions)				10	
11	TOTAL income—Add lines 3 through 10				11	500
12	Compensation of officers (see instructions)				12	
13a	Salaries and wages	b	Less jobs credit	Balance ▶	13c	
14	Repairs				14	
15	Bad debts (see instructions)				15	
16	Rents				16	
17	Taxes				17	463
18	Interest				18	
19	Contributions (see instructions for 10% limitation)				19	
20	Depreciation (attach Form 4562)	20				
21	Less depreciation claimed elsewhere on return	21a			21b	
22	Other deductions (attach schedule)				22	
23	TOTAL deductions—Add lines 12 through 22				23	463
24	Taxable income before net operating loss deduction and special deductions (line 11 less line 23)				24	37
25	Less: a Net operating loss deduction (see instructions)	25a	779			
	b Special deductions (see instructions)	25b			25c	779
26	Taxable income (line 24 less line 25c)				26	0
27	TOTAL TAX (from Part I, line 6 on page 2)				27	0
28	Payments:					
a	1986 overpayment allowed as a credit					
b	1987 estimated tax payments					
c	Less 1987 refund applied for on Form 4466					
d	Tax deposited with Form 7004					
e	Credit from regulated investment companies (attach Form 2439)					
f	Credit for Federal tax on gasoline and special fuels (attach Form 4136)				28	
29	Enter any PENALTY for underpayment of estimated tax—Check <input type="checkbox"/> if Form 2220 is attached				29	
30	TAX DUE—If the total of lines 27 and 29 is larger than line 28, enter AMOUNT OWED				30	0
31	OVERPAYMENT—If line 28 is larger than the total of lines 27 and 29, enter AMOUNT OVERPAID				31	
32	Enter amount of line 31 you want: Credited to 1988 estimated tax ▶			Refunded ▶	32	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

Paid Preparer's Use Only  
Preparer's signature \_\_\_\_\_ Date 8/19/88 Check if self-employed ☒ Preparer's social security number \_\_\_\_\_  
Firm's name (or yours if self-employed) and address \_\_\_\_\_ E.I. No. \_\_\_\_\_  
ZIP code \_\_\_\_\_

For Paperwork Reduction Act Notice, see page 1 of the instructions.

Form 1120-A (1987)



# U.S. Corporation Income Tax Return

OMB No. 1545-0123

For calendar year 1989 or tax year beginning Nov 1 1989, ending Oct 31 1990  
▶ Instructions are separate. See page 1 for Paperwork Reduction Act Notice.

**1989**

Check if a—

- A Consolidated return ☐  
B Personal holding co. ☐  
C Personal service corp. (as defined in Temp. Regs. sec. 1.441-4T—see instructions) ☐

Use IRS label. Otherwise, please print or type.

Name **\*\*\*\*\* CAR-RT-SORT\*\*CRO4**  
NI **01 11-1572517 OCT90 S19 3470 M**  
**NELSON GALVANIZING INC**  
CI **11 02 BROADWAY**  
**LONG ISLAND CITY NY 11106**

Employer identification number

Date incorporated

0375 11/14/7 Total assets (see Specific Instructions)

6 Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Change in address

Income	1a	Gross receipts or sales		b	Less returns and allowances		c	Bal ▶	1c	1330724
	2	Cost of goods sold and/or operations (Schedule A, line 7)		2	1042148				2	1042148
	3	Gross profit (line 1c less line 2)		3	288576				3	288576
	4	Dividends (Schedule C, line 19)		4					4	
	5	Interest		5					5	
	6	Gross rents		6					6	
	7	Gross royalties		7					7	
	8	Capital gain net income (attach Schedule D (Form 1120))		8					8	
	9	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)		9					9	
	10	Other income (see instructions—attach schedule)		10					10	
	11	Total income—Add lines 3 through 10		11	288576				11	288576

Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (Schedule E, line 4)		12	69680				12	69680
	13a	Salaries and wages		b	Less jobs credit		c	Balance ▶	13c	
	14	Repairs		14					14	
	15	Bad debts		15					15	
	16	Rents		16	1289				16	1289
	17	Taxes		17	63893				17	63893
	18	Interest		18	24724				18	24724
	19	Contributions (see instructions for 10% limitation)		19					19	
	20	Depreciation (attach Form 4562)	20	3918					20	3918
	21	Less depreciation claimed on Schedule A and elsewhere on return	21a						21b	3918
	22	Depletion		22					22	
	23	Advertising		23					23	
	24	Pension, profit-sharing, etc., plans		24					24	
	25	Employee benefit programs		25	50430				25	50430
	26	Other deductions (attach schedule)		26	272489				26	272489
	27	Total deductions—Add lines 12 through 26		27	486423				27	486423
	28	Taxable income before net operating loss deduction and special deductions (line 11 less line 27)		28	(197847)				28	(197847)
	29	Less: a Net operating loss deduction (see instructions)	29a						29a	
		b Special deductions (Schedule C, line 20)	29b						29b	

Tax and Payments	30	Taxable income—Line 28 less line 29c		30	(197847)				30	(197847)
	31	Total tax (Schedule J, line 10)		31	- 0 -				31	- 0 -
	32	Payments: a 1988 overpayment credited to 1989	32a						32a	
	b	1989 estimated tax payments	32b						32b	
	c	Less 1989 refund applied for on Form 4466	32c						32c	
	d	Tax deposited with Form 7004	32d						32d	
	e	Credit from regulated investment companies (attach Form 2439)	32e						32e	
	f	Credit for Federal tax on fuels (attach Form 4136)	32f						32f	
	g	Credit for Federal tax on fuels (attach Form 4136)	32g						32g	
	33	Enter any penalty for underpayment of estimated tax—Check <input type="checkbox"/> if Form 2220 is attached	33						33	
	34	Tax due—If the total of lines 31 and 33 is larger than line 32h, enter amount owed	34	- 0 -					34	- 0 -
35	Overpayment—If line 32h is larger than the total of lines 31 and 33, enter amount overpaid	35						35		
36	Enter amount of line 35 you want: Credited to 1990 estimated tax ▶	36						36		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

Paid Preparer's Use Only

Preparer's signature \_\_\_\_\_ Date 11-16-90 Check if self-employed ☐ Preparer's social security number \_\_\_\_\_  
Firm's name (or yours if self-employed) and address \_\_\_\_\_ E.I. No. \_\_\_\_\_  
ZIP code \_\_\_\_\_

**Schedule A Cost of Goods Sold and/or Operations** (See instructions for line 2, page 1.)

1	Inventory at beginning of year	1	135 612
2	Purchases	2	281 253
3	Cost of labor	3	783 693
4a	Additional section 263A costs (see instructions—attach schedule)	4a	
4b	Other costs (attach schedule)	4b	
5	Total—Add lines 1 through 4b	5	1200 558
6	Inventory at end of year	6	158 410
7	Cost of goods sold and/or operations—Line 5 less line 6. Enter here and on line 2, page 1.	7	1042 148

8a Check all methods used for valuing closing inventory:

(i) ☐ Cost (ii) ☒ Lower of cost or market as described in Regulations section 1.471-4 (see instructions)

(iii) ☐ Writedown of "subnormal" goods as described in Regulations section 1.471-2(c) (see instructions)

(iv) ☐ Other (Specify method used and attach explanation.)

b Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

c If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO

d Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the corporation? ☐ Yes ☐ No

e Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

**Schedule C Dividends and Special Deductions** (See instructions.)

	(a) Dividends received	(b) %	(c) Special deductions: (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations that are subject to the 70% deduction (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations that are subject to the 80% deduction (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations (section 246A)		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		41.176	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		47.059	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs that are subject to the 70% deduction		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs that are subject to the 80% deduction		80	
8 Dividends from wholly owned foreign subsidiaries subject to the 100% deduction (section 245(b))		100	
9 Total—Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from certain FSCs that are subject to the 100% deduction (section 245(c)(1))		100	
12 Dividends from affiliated group members subject to the 100% deduction (section 243(a)(3))		100	
13 Other dividends from foreign corporations not included on lines 3, 6, 7, 8, or 11			
14 Income from controlled foreign corporations under subpart F (attach Forms 5471)			
15 Foreign dividend gross-up (section 78)			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3 (section 246(d))			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities (see instructions)			
19 Total dividends—Add lines 1 through 17. Enter here and on line 4, page 1.			
20 Total deductions—Add lines 9, 10, 11, 12, and 18. Enter here and on line 29b, page 1.			

**Schedule E Compensation of Officers** (See instructions for line 12, page 1.)

Complete Schedule E only if total receipts (line 1a, plus lines 4 through 10, of page 1, Form 1120) are \$500,000 or more.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1 JOHN SWEENEY JR	102-32-7058	100 %	50 %		38400
ROBERT SWEENEY	102-32-6575	100 %	50 %		31200
		%	%	%	
		%	%	%	
		%	%	%	
2 Total compensation of officers					
3 Less: Compensation of officers claimed on Schedule A and elsewhere on return					
4 Compensation of officers deducted on line 12, page 1					69600

**Module J Tax Computation**

1 Check if you are a member of a controlled group (see sections 1561 and 1563) . . . . . <input type="checkbox"/>			
2 If the box on line 1 is checked:			
a Enter your share of the \$50,000 and \$25,000 taxable income bracket amounts (in that order):			
(i) \$	(ii) \$		
b Enter your share of the additional 5% tax (not to exceed \$11,750) ▶ \$			
3 Income tax (see instructions to figure the tax). Check this box if the corporation is a qualified personal service corporation (see instructions). ▶ <input type="checkbox"/>		3	-0-
4a Foreign tax credit (attach Form 1118)	4a		
b Possessions tax credit (attach Form 5735)	4b		
c Orphan drug credit (attach Form 6765)	4c		
d Credit for fuel produced from a nonconventional source (see instructions)	4d		
e General business credit. Enter here and check which forms are attached:	4e		
<input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 3468 <input type="checkbox"/> Form 5884			
<input type="checkbox"/> Form 6478 <input type="checkbox"/> Form 6765 <input type="checkbox"/> Form 8586	4f		
f Credit for prior year minimum tax (attach Form 8801)			
5 Total—Add lines 4a through 4f		5	
6 Line 3 less line 5		6	
7 Personal holding company tax (attach Schedule PH (Form 1120))		7	
8 Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611.		8	
9a Alternative minimum tax (attach Form 4626)		9a	
b Environmental tax (attach Form 4626)		9b	
10 Total tax—Add lines 6 through 9b. Enter here and on line 31, page 1		10	-0-

Additional Information (See instruction F.)		Yes	No
<b>H</b> Refer to the list in the instructions and state the principal:			
(1) Business activity code no. ▶ 3470			
(2) Business activity ▶ GRAYSON, INC.			
(3) Product or service ▶			
<b>I</b> (1) Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).)			
If "Yes," attach a schedule showing: (a) name, address, and identifying number; (b) percentage owned; and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.			
(2) Did any individual, partnership, corporation, estate, or trust at the end of the tax year own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) If "Yes," complete (a) through (c).			
(a) Attach a schedule showing name, address, and identifying number.			
(b) Enter percentage owned ▶			
(c) Was the owner of such voting stock a person other than a U.S. person? (See instructions.) Note: If "Yes," the corporation may have to file Form 5472.			
If "Yes," enter owner's country ▶			
<b>J</b> Was the corporation a U.S. shareholder of any controlled foreign corporation? (See sections 951 and 957.)			
If "Yes," attach Form 5471 for each such corporation.			
<b>K</b> At any time during the tax year, did the corporation have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
(See instruction F and filing requirements for form TD F 90-22.1.)			
If "Yes," enter name of foreign country ▶			
<b>L</b> Was the corporation the grantor of, or transferor to, a foreign trust that existed during the current tax year, whether or not the corporation has any beneficial interest in it?			
If "Yes," the corporation may have to file Forms 3520, 3520-A, or 926.			
<b>M</b> During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)			
If "Yes," file Form 5452. If this is a consolidated return, answer here for parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.			
<b>N</b> During this tax year, did the corporation maintain any part of its accounting/tax records on a computerized system?			
<b>O</b> Check method of accounting:			
(1) <input type="checkbox"/> Cash			
(2) <input checked="" type="checkbox"/> Accrual			
(3) <input type="checkbox"/> Other (specify) ▶			
<b>P</b> Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/>			
If so, the corporation may have to file Form 8281.			
<b>Q</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ -0-			
<b>R</b> Enter the number of shareholders at the end of the tax year if there were 35 or fewer shareholders ▶ 2			

**Schedule L Balance Sheets**

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		15082		3127
2a Trade notes and accounts receivable				
b Less allowance for bad debts		42349		413078
3 Inventories		135612		158410
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach schedule)				
7 Loans to stockholders				
8 Mortgage and real estate loans				
9 Other investments (attach schedule)				
10a Buildings and other depreciable assets	224313		224313	
b Less accumulated depreciation	216807	7506	220725	3588
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (attach schedule)				
15 Total assets		581399		578203
<b>Liabilities and Stockholders' Equity</b>				
16 Accounts payable		249630		459304
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach schedule)				
19 Loans from stockholders		160000		160000
20 Mortgages, notes, bonds payable in 1 year or more		67742		67742
21 Other liabilities (attach schedule)				
22 Capital stock: a Preferred stock				
b Common stock		39650	39650	39650
23 Paid-in or capital surplus				
24 Retained earnings—Appropriated (attach schedule)				
25 Retained earnings—Unappropriated		64371		(148499)
26 Less cost of treasury stock				
27 Total liabilities and stockholders' equity		581399		578203

**Schedule M-1 Reconciliation of Income per Books With Income per Return** (You are not required to complete this schedule if the total assets on line 15, column (d), of Schedule L are less than \$25,000.)

1 Net income per books	(212870)	7 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax		a Tax-exempt interest \$	
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize):			
5 Expenses recorded on books this year not deducted on this return (itemize):		8 Deductions on this return not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Contributions carryover \$		b Contributions carryover \$	
c Travel and entertainment \$			
RENTAL FEES			
6 Total of lines 1 through 5	15023	9 Total of lines 7 and 8	
	(197847)	10 Income (line 28, page 1)—line 6 less line 9	(197847)

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books** (line 25, Schedule L) (You are not required to complete this schedule if the total assets on line 15, column (d), of Schedule L are less than \$25,000.)

1 Balance at beginning of year	64371	5 Distributions: a Cash	
2 Net income per books	(212870)	b Stock	
3 Other increases (itemize):		c Property	
		6 Other decreases (itemize):	
4 Total of lines 1, 2, and 3	(148499)	7 Total of lines 5 and 6	
		8 Balance at end of year (line 4 less line 7)	(148499)

4562

## Depreciation and Amortization

OMB No. 1545-0172

Department of the Treasury  
Internal Revenue Service▶ See separate instructions.  
▶ Attach this form to your return.1989  
Attachment  
Sequence No. 67

Name(s) as shown on return

NELSON GALVANIZING INC

Identifying number

11-1572517

Business or activity to which this form relates

**Part I Depreciation** (Use Part III for automobiles, certain other vehicles, computers, and property used for entertainment, recreation, or amusement.)**Section A.—Election To Expense Depreciable Assets (Section 179)**

1 Maximum dollar limitation . . . . .	1	\$10,000
2 Total cost of section 179 property placed in service during the tax year (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$200,000
4 Reduction in limitation (Subtract line 3 from line 2, but do not enter less than -0-.)	4	
5 Dollar limitation for tax year (Subtract line 4 from line 1, but do not enter less than -0-.)	5	
(a) Description of property (b) Date placed in service (c) Cost (d) Elected cost		
6		
7 Listed property—Enter amount from line 28 . . . . .	7	
8 Tentative deduction (Enter the lesser of: (a) line 6 plus line 7; or (b) line 5.) . . . . .	8	
9 Taxable income limitation (Enter the lesser of: (a) Taxable income; or (b) line 5) (see instructions) . . . . .	9	
10 Carryover of disallowed deduction from 1988 (see instructions) . . . . .	10	
11 Section 179 expense deduction (Enter the lesser of: (a) line 8 plus line 10; or (b) line 9.) . . . . .	11	
12 Carryover of disallowed deduction to 1990 (Add lines 8 and 10, less line 11.) . . . . .	12	

**Section B.—MACRS Depreciation**

(a) Classification of property	(b) Date placed in service	(c) Basis for depreciation (Business use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>13 General Depreciation System (GDS) (see instructions): For assets placed in service ONLY during tax year beginning in 1989</b>						
a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
h Nonresidential real property			31.5 yrs.	MM	S/L	
			31.5 yrs.	MM	S/L	

**14 Alternative Depreciation System (ADS) (see instructions): For assets placed in service ONLY during tax year beginning in 1989**

a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**15 Listed property**—Enter amount from line 27**16 GDS and ADS deductions for assets placed in service before 1989 (see instructions)**15  
16**Section C.—ACRS and/or Other Depreciation****17 Property subject to section 168(f)(1) election (see instructions)****18 ACRS and/or other depreciation (see instructions)**17  
18

3918

**Section D.—Summary****19 Total** (Add deductions on line 11 and lines 13 through 18.) Enter here and on the appropriate line of your return (Partnerships and S corporations—see instructions.)

19

3918

**20 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs (see instructions)**

20

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form 4562 (1989)

# 11-1572517

10/31/90

Drawn By

Approved By

MADE BY

WILSON JONES COMPANY

CITIZEN GREEN

TICKET PRICE

## P 1 LINE 26 OTHER DEDUCTIONS

TRUCK

21614

INSURANCE

15406

SECURITY

10234

UNIFORMS

2942

CLEANING

2297

DUES

1552

OFFICE

1038

TELEPHONE

6705

FACTORY EXPENSES

4075.5

FUEL

64545

UTILITIES

70968

BANK CHARGES

4900

PROFESSIONAL

20754

DATA PROCESSING

3787

PERMITS

4587

MISCELLANEOUS

405

272489

**U.S. Corporation Income Tax Return**

OMB No. 1545-0123

**1988**

For calendar year 1988 or tax year beginning 11/1, 1988, ending 10/31, 19 89.  
▶ For Paperwork Reduction Act Notice, see page 1 of the instructions.

Check if a—  
A Consolidated return ☐  
B Personal holding co. ☐  
C Personal service corp. (as defined in Temp. Regs. sec. 1.441-4T—see instructions) ☐

Use IRS label. Otherwise, please print or type.

Name NELSON GALVANIZING INC  
Number and street (or P.O. box number if mail is not delivered to street address) 11-02 BROADWAY  
City or town, state, and ZIP code LONG ISLAND CITY, NY 11106

D Employer identification number 11-1572517  
E Date incorporated 11-1-47  
F Total assets (See Specific Instructions.)  
Dollars 581359 Cents

6 Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Change in address

<b>Income</b>	1a	Gross receipts or sales		b	Less returns and allowances		c	Balance	1c	<u>1968939</u>
	2	Cost of goods sold and/or operations (Schedule A)							2	<u>1612780</u>
	3	Gross profit (line 1c less line 2)							3	<u>356159</u>
	4	Dividends (Schedule C, line 19)							4	
	5	Interest							5	
	6	Gross rents							6	
	7	Gross royalties							7	
	8	Capital gain net income (attach separate Schedule D)							8	
	9	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)							9	
	10	Other income (see instructions—attach schedule)							10	
	11	Total income—Add lines 3 through 10 and enter here							11	<u>356159</u>
<b>Deductions</b> (See Instructions for limitations on deductions.)	12	Compensation of officers (Schedule E)							12	<u>59280</u>
	13a	Salaries and wages		b	Less jobs credit		c	Balance	13c	
	14	Repairs							14	
	15	Bad debts							15	
	16	Rents							16	
	17	Taxes							17	<u>214151</u>
	18	Interest							18	<u>20400</u>
	19	Contributions (see Instructions for 10% limitation)							19	
	20	Depreciation (attach Form 4562)							20	<u>5885</u>
	21	Less depreciation claimed in Schedule A and elsewhere on return		21a					21b	<u>5885</u>
	22	Depletion							22	
	23	Advertising							23	
	24	Pension, profit-sharing, etc., plans							24	
	25	Employee benefit programs							25	<u>26612</u>
	26	Other deductions (attach schedule)							26	<u>51288</u>
	27	Total deductions—Add lines 12 through 26 and enter here							27	<u>377616</u>
	28	Taxable income before net operating loss deduction and special deductions (line 11 less line 27)							28	<u>(21457)</u>
29	Less: a Net operating loss deduction (see instructions)		29a					29b		
	b Special deductions (Schedule C, line 20)							29c		
30	Taxable income (line 28 less line 29c)							30	<u>(21457)</u>	
31	Total tax (Schedule J)							31	<u>-0-</u>	
<b>Tax and Payments</b>	32	Payments: a 1987 overpayment credited to 1988	32a						32d	
		b 1988 estimated tax payments	32b						32e	
		c Less 1988 refund applied for on Form 4466	32c						32f	
		e Tax deposited with Form 7004							32g	
		f Credit from regulated investment companies (attach Form 2439)							32h	
		g Credit for Federal tax on fuels (attach Form 4136)								
	33	Enter any penalty for underpayment of estimated tax—check <input type="checkbox"/> if Form 2220 is attached							33	
	34	Tax due—If the total of lines 31 and 33 is larger than line 32h, enter amount owed							34	<u>-0-</u>
	35	Overpayment—If line 32h is larger than the total of lines 31 and 33, enter amount overpaid							35	
	36	Enter amount of line 35 you want: Credited to 1989 estimated tax ▶ Refunded ▶							36	

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed ☐ Preparer's social security number \_\_\_\_\_

Firm's name (or yours if self-employed) and address \_\_\_\_\_ E.I. No. \_\_\_\_\_ ZIP code \_\_\_\_\_



**Schedule A Cost of Goods Sold and/or Operations** (See instructions for line 2, page 1.)

1	Inventory at beginning of year	1	131 214
2	Purchases	2	452 394
3	Cost of labor	3	951 130
4a	Additional section 263A costs (see instructions—attach schedule)	4a	
4b	Other costs (attach schedule)	4b	213 654
5	Total—Add lines 1 through 4b	5	1 748 392
6	Inventory at end of year	6	135 612
7	Cost of goods sold and/or operations—Line 5 less line 6. Enter here and on line 2, page 1	7	1 612 780

8a Check all methods used for valuing closing inventory:

(i) ☐ Cost (ii) ☒ Lower of cost or market as described in Regulations section 1.471-4 (see instructions)

(iii) ☐ Writedown of "subnormal" goods as described in Regulations section 1.471-2(c) (see instructions)

(iv) ☐ Other (Specify method used and attach explanation.)

b Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970). ☐

c If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 8c

d Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the corporation? ☐ Yes ☐ No

e Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

**Schedule C Dividends and Special Deductions** (See Schedule C instructions.)

	(a) Dividends received	(b) %	(c) Special deductions: multiply (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations that are subject to the 70% deduction (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations that are subject to the 80% deduction (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations (section 246A)		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		41.176	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		47.059	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs that are subject to the 70% deduction		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs that are subject to the 80% deduction		80	
8 Dividends from wholly owned foreign subsidiaries subject to the 100% deduction (section 245(b))		100	
9 Total—Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from certain FSCs that are subject to the 100% deduction (section 245(c)(1))		100	
12 Dividends from affiliated group members subject to the 100% deduction (section 243(a)(3))		100	
13 Other dividends from foreign corporations not included in lines 3, 6, 7, 8, and 11			
14 Income from controlled foreign corporations under subpart F (attach Forms 5471)			
15 Foreign dividend gross-up (section 78)			
16 IC-DISC and former DISC dividends not included in lines 1, 2, and/or 3 (section 246(d))			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities (see instructions)			
19 Total dividends—Add lines 1 through 17. Enter here and on line 4, page 1			
20 Total deductions—Add lines 9, 10, 11, 12, and 18. Enter here and on line 29b, page 1			

**Schedule E Compensation of Officers** (See instructions for line 12, page 1.)

Complete Schedule E only if total receipts (line 1a, plus lines 4 through 10, of page 1, Form 1120) are \$150,000 or more.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1 JOHN SWEENEY JR.	102-32-7050	100 %	50 %	%	33280
ROBERT SWEENEY	102-32-6525	100 %	50 %	%	26000
		%	%	%	
		%	%	%	
		%	%	%	
2 Total compensation of officers					
3 Less: Compensation of officers claimed in Schedule A and elsewhere on return					
4 Compensation of officers deducted on line 12, page 1					59280



**Schedule J Tax Computation (See instructions.)**

1 Check if you are a member of a controlled group (see sections 1561 and 1563) . . . . .		<input type="checkbox"/>	
2 If line 1 is checked:			
a Enter your share of the \$50,000 and \$25,000 taxable income bracket amounts (in that order):			
(i) \$	(ii) \$		
b Enter your share of the additional 5% tax (not to exceed \$11,750) \$			
3 Income tax (See instructions to figure the tax). Check this box if the corporation is a qualified personal service corporation (see instructions) <input type="checkbox"/>		3	- 0 -
4a Foreign tax credit (attach Form 1118)	4a		
b Possessions tax credit (attach Form 5735)	4b		
c Orphan drug credit (attach Form 6765)	4c		
d Credit for fuel produced from a nonconventional source (see instructions)	4d		
e General business credit. Enter here and check which forms are attached:	4e		
<input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 3468 <input type="checkbox"/> Form 5884			
<input type="checkbox"/> Form 6478 <input type="checkbox"/> Form 6765 <input type="checkbox"/> Form 8586			
f Credit for prior year minimum tax (attach Form 8801)	4f		
5 Total—Add lines 4a through 4f		5	
6 Line 3 less line 5		6	
7 Personal holding company tax (attach Schedule PH (Form 1120))		7	
8 Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611		8	
9a Alternative minimum tax (see instructions—attach Form 4626)		9a	
b Environmental tax (see instructions—attach Form 4626)		9b	
10 Total tax—Add lines 6 through 9b. Enter here and on line 31, page 1		10	- 0 -

**Additional Information (See instruction F.)****H** Refer to the list in the instructions and state the principal:

- (1) Business activity code no. 3470  
 (2) Business activity GENERALIZING  
 (3) Product or service

**I** (1) Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) ☒ **L**  
 If "Yes," attach a schedule showing: (a) name, address, and identifying number; (b) percentage owned; and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.

(2) Did any individual, partnership, corporation, estate, or trust at the end of the tax year own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) If "Yes," complete (a) through (c) ☒

(a) Attach a schedule showing name, address, and identifying number. SC 4 E

(b) Enter percentage owned 100%

(c) Was the owner of such voting stock a person other than a U.S. person? (See instructions.) Note: If "Yes," the corporation may have to file Form 5472. ☒

If "Yes," enter owner's country

**J** Was the corporation a U.S. shareholder of any controlled foreign corporation? (See sections 951 and 957.) ☒

If "Yes," attach Form 5471 for each such corporation.

**K** At any time during the tax year, did the corporation have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ☒  
 (See instruction F and filing requirements for form TD F 90-22.1.)

If "Yes," enter name of foreign country

**L** Was the corporation the grantor of, or transferor to, a foreign trust which existed during the current tax year, whether or not the corporation has any beneficial interest in it? ☒

If "Yes," the corporation may have to file Forms 3520, 3520-A, or 926.

**M** During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) ☒

If "Yes," file Form 5452. If this is a consolidated return, answer here for parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.

**N** During this tax year did the corporation maintain any part of its accounting/tax records on a computerized system? ☒

**O** Check method of accounting:

(1) ☐ Cash

(2) ☒ Accrual

(3) ☐ Other (specify)

**P** Check this box if the corporation issued publicly offered debt instruments with original issue discount ☐

If so, the corporation may have to file Form 8281.

**Q** Enter the amount of tax-exempt interest received or accrued during the tax year 0

**R** Enter the number of shareholders at the end of the tax year if there were 35 or fewer shareholders 2

**Schedule L Balance Sheets**

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		449		15082
2 Trade notes and accounts receivable				
a Less allowance for bad debts		275274		423199
3 Inventories		131214		135612
4 Federal and state government obligations				
5 Other current assets (attach schedule)		307		
6 Loans to stockholders				
7 Mortgage and real estate loans				
8 Other investments (attach schedule)				
9 Buildings and other depreciable assets	224313		224313	
a Less accumulated depreciation	210922	13291	216807	7506
10 Depletable assets				
a Less accumulated depletion				
11 Land (net of any amortization)				
12 Intangible assets (amortizable only)				
a Less accumulated amortization				
13 Other assets (attach schedule)				
14 Total assets		420635		581299
<b>Liabilities and Stockholders' Equity</b>				
15 Accounts payable		202409		81033
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach schedule)				168547
18 Loans from stockholders		25000		160000
19 Mortgages, notes, bonds payable in 1 year or more		67748		
20 Other liabilities (attach schedule)				67748
21 Capital stock: a Preferred stock				
b Common stock	39650	39650	39650	39650
22 Paid-in or capital surplus				
23 Retained earnings—Appropriated (attach schedule)				
24 Retained earnings—Unappropriated		85828		64371
25 Less cost of treasury stock		( )		( )
26 Total liabilities and stockholders' equity		420635		581299

**Schedule M-1 Reconciliation of Income per Books With Income per Return** (You are not required to complete this schedule if the total assets on line 14, column (d), of Schedule L are less than \$25,000.)

1 Net income per books	(21457)	7 Income recorded on books this year not included in this return (itemize):	
2 Federal income tax		a Tax-exempt interest \$	
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize):			
5 Expenses recorded on books this year not deducted in this return (itemize):		8 Deductions in this tax return not charged against book income this year (itemize):	
a Depreciation . . . \$		a Depreciation . . . \$	
b Contributions carryover \$		b Contributions carryover \$	
c Travel and entertainment . . . \$			
6 Total of lines 1 through 5	(21457)	9 Total of lines 7 and 8	
		10 Income (line 28, page 1)—line 6 less line 9	(21457)

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books** (line 24, Schedule L) (You are not required to complete this schedule if the total assets on line 14, column (d), of Schedule L are less than \$25,000.)

1 Balance at beginning of year	85828	5 Distributions: a Cash	
2 Net income per books	(21457)	b Stock	
3 Other increases (itemize):		c Property	
		6 Other decreases (itemize):	
4 Total of lines 1, 2, and 3	64371	7 Total of lines 5 and 6	
		8 Balance at end of year (line 4 less line 7)	64371

# 11-1572517

10/31/89

## P. 2 SCHA LINE 4B

AUTO + TRUCKING

31753

FACTORY EXPENSES

74079

FREIGHT

2142

FUEL

29229

UTILITIES

76447

213654

## P. 1 LINE 26 - OTHER DEDUCTIONS

BANK CHARGES

4028

CLEANING

4968

DATA PROCESSING

2926

DUES &amp; SUBSCRIPTIONS

1410

GIFTS

175

INSURANCE

4051

LICENSE

569

OFFICE

2348

PROFESSIONAL

18605

TELEPHONE

5219

UNIFORMS

6989

51287

Form **1120**Department of the Treasury  
Internal Revenue Service

## U.S. Corporation Income Tax Return

For calendar 1987 or tax year beginning Nov 1, 1987, ending Oct 31, 19 87  
For Paperwork Reduction Act Notice, see page 1 of the instructions.

OMB No. 1545-0123

**1987**

Check if a—

A Consolidated return ☐B Personal Holding Co. ☐C Business Code No. (See the list in the instructions.)  
3470

Use IRS label. Otherwise please print or type.

\*\*\*\*\* 5-DIGIT 11106  
01 11-1572517 8810 519 3470 M  
NELSON GALVANIZING INC  
11 02 BROADWAY  
LONG ISLAND CITY NY 11106

D Employer identification number

E Date incorporated

F Total assets (See Specific Instructions.)

Dollars

Cents

\$ 420 6356 Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Change in address

Income

- 1a Gross receipts or sales  
2 Cost of goods sold and/or operations (Schedule A)  
3 Gross profit (line 1c less line 2)  
4 Dividends (Schedule C)  
5 Interest  
6 Gross rents  
7 Gross royalties  
8 Capital gain net income (attach separate Schedule D)  
9 Net gain or (loss) from Form 4797, line 18, Part II (attach Form 4797)  
10 Other income (see instructions—attach schedule)  
11 **TOTAL income**—Add lines 3 through 10 and enter here

Balance ▶

1c	1862871
2	150477
3	358074
4	
5	
6	625
7	
8	
9	
10	
11	358699
12	59280

Deductions (See instructions for limitations on deductions)

- 12 Compensation of officers (Schedule E)  
13a Salaries and wages  
14 Repairs  
15 Bad debts (see instructions)  
16 Rents  
17 Taxes  
18 Interest  
19 Contributions (see instructions for 10% limitation)  
20 Depreciation (attach Form 4562)  
21 Less depreciation claimed in Schedule A and elsewhere on return  
22 Depletion  
23 Advertising  
24 Pension, profit-sharing, etc., plans  
25 Employee benefit programs  
26 Other deductions (attach schedule)  
27 **TOTAL deductions**—Add lines 12 through 26 and enter here  
28 Taxable income before net operating loss deduction and special deductions (line 11 less line 27)  
29 Less: a Net operating loss deduction (see instructions)  
b Special deductions (Schedule C)

b Less jobs credit

Balance ▶

20 6653

21a

13c	
14	
15	
16	450
17	115334
18	20800
19	
20	6653
21b	6653
22	
23	
24	
25	53130
26	136064
27	391711
28	(32012)
29a	11900
29b	
29c	11900
30	(44912)
31	0

Tax and Payments

- 30 Taxable income (line 28 less line 29c)  
31 **TOTAL TAX** (Schedule J)  
32 Payments: a 1986 overpayment credited to 1987  
b 1987 estimated tax payments  
c Less 1987 refund applied for on Form 4466  
d Tax deposited with Form 7004  
e Credit from regulated investment companies (attach Form 2439)  
f Credit for Federal tax on gasoline and special fuels (attach Form 4136)  
33 Enter any **PENALTY** for underpayment of estimated tax—check ☐ if Form 2220 is attached  
34 **TAX DUE**—If the total of lines 31 and 33 is larger than line 32, enter **AMOUNT OWED**  
35 **OVERPAYMENT**—If line 32 is larger than the total of lines 31 and 33, enter **AMOUNT OVERPAID**  
36 Enter amount of line 35 you want: Credited to 1988 estimated tax ▶

Refunded ▶

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	Title
Preparer's signature	Date <u>12-19-88</u>	Check if self-employed <input type="checkbox"/>
Firm's name (or yours, if self-employed) and address	E.I. No.	Preparer's social security number
	ZIP code	

<b>Schedule C Dividends and Special Deductions</b> (See Schedule C instructions.)	<b>(a) Dividends received</b>	<b>(b) %</b>	<b>(c) Special deductions:</b> multiply (a) x (b)
<b>1</b> Domestic corporations subject to section 243(a) deduction (other than debt-financed stock) . . . . .		see instructions	
<b>2</b> Debt-financed stock of domestic and foreign corporations (section 246A) . . . . .		see instructions	
<b>3</b> Certain preferred stock of public utilities . . . . .		see instructions	
<b>4</b> Foreign corporations and certain FSCs subject to section 245 deduction . . . . .		see instructions	
<b>5</b> Wholly owned foreign subsidiaries and FSCs subject to 100% deduction (sections 245(b) and (c)) . . . . .		100	
<b>6</b> Total—Add lines 1 through 5. See instructions for limitation . . . . .		100	
<b>7</b> Affiliated groups subject to the 100% deduction (section 243(a)(3)) . . . . .			
<b>8</b> Other dividends from foreign corporations not included in lines 4 and 5 . . . . .			
<b>9</b> Income from controlled foreign corporations under subpart F (attach Forms 5471) . . . . .			
<b>10</b> Foreign dividend gross-up (section 78) . . . . .			
<b>11</b> IC-DISC or former DISC dividends not included in lines 1 and/or 2 (section 246(d)) . . . . .			
<b>12</b> Other dividends . . . . .			
<b>13</b> Deduction for dividends paid on certain preferred stock of public utilities (see instructions) . . . . .			
<b>14</b> Total dividends—Add lines 1 through 12. Enter here and on line 4, page 1. . . . . ▶			
<b>15</b> Total deductions—Add lines 6, 7, and 13. Enter here and on line 29b, page 1. . . . . ▶			

Complete Schedule E only if total receipts (line 1a, plus lines 4 through 10, of page 1, Form 1120) are \$150,000 or more.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
JOHN SWEENEY JR	102-32-7058	100 %	50 %	%	33280
ROBERT SWEENEY	102-32-6575	100 %	50 %	%	26000
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
Total compensation of officers—Enter here and on line 12, page 1.					59280

# **Schedule J Tax Computation (See instructions.)**

- 1 Check if you are a member of a controlled group (see sections 1561 and 1563) ☐
- 2 If line 1 is checked, see instructions. If your tax year includes June 30, 1987, complete both a and b below. Otherwise, complete only b.

a (i) \$ ..... (ii) \$ ..... (iii) \$ ..... (iv) \$ .....

b (i) \$ ..... (ii) \$ .....

- 3 Income tax (see instructions to figure the tax; enter this tax or alternative tax from Schedule D, whichever is less). Check if from Schedule D ☐

- 4a Foreign tax credit (attach Form 1118)
- b Possessions tax credit (attach Form 5735)
- c Orphan drug credit (attach Form 6765)
- d Credit for fuel produced from a nonconventional source (see instructions)
- e General business credit. Enter here and check which forms are attached ☐ Form 3800 ☐ Form 3468 ☐ Form 5884 ☐ Form 6478 ☐ Form 6765 ☐ Form 8586

4a			
b			
c			
d			
e			

3 0

- 5 Total—Add lines 4a through 4e
- 6 Line 3 less line 5
- 7 Personal holding company tax (attach Schedule PH (Form 1120))
- 8 Tax from recomputing prior-year investment credit (attach Form 4255)
- 9a Alternative minimum tax (see instructions—attach Form 4626)
- b Environmental tax (see instructions—attach Form 4626)
- 10 Total tax—Add lines 6 through 9b. Enter here and on line 31, page 1

5	
6	
7	
8	
9a	
9b	
10	0

## **Additional Information (See instruction F.)**

- H Did the corporation claim a deduction for expenses connected with:

- (1) An entertainment facility (boat, resort, ranch, etc.)?
- (2) Living accommodations (except employees on business)?
- (3) Employees attending conventions or meetings outside the North American area? (See section 274(h).)
- (4) Employees' families at conventions or meetings? If "Yes," were any of these conventions or meetings outside the North American area? (See section 274(h).)
- (5) Employee or family vacations not reported on Form W-2?

Yes No

✓

✓

✓

✓

✓

✓

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✓

- I (1) Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing: (a) name, address, and identifying number; (b) percentage owned; (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year; (d) highest amount owed by the corporation to such corporation during the year; and (e) highest amount owed to the corporation by such corporation during the year.

Yes No

✓

- (2) Did any individual, partnership, corporation, estate, or trust at the end of the tax year own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) If "Yes," complete (a) through (d).

Yes No

✓

- (a) Attach a schedule showing name, address, and identifying number. Enter percentage owned

- (b) Was the owner of such voting stock a person other than a U.S. person? (See instructions.) Note: If "Yes," the corporation may have to file Form 5472.

If "Yes," enter owner's country

- (c) Enter highest amount owed by the corporation to such owner during the year

- (d) Enter highest amount owed to the corporation by such owner during the year

Note: For purposes of I(1) and I(2), "highest amount owed" includes loans and accounts receivable/payable.

- J Refer to the list in the instructions and state the principal:

Business activity GALVANIZING

Product or service

- K Was the corporation a U.S. shareholder of any controlled foreign corporation? (See sections 951 and 957.)

If "Yes," attach Form 5471 for each such corporation.

- L At any time during the tax year, did the corporation have an interest in, or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

(See instruction F and filing requirements for form TD F 90-22.1.)

If "Yes," enter name of foreign country

- M Was the corporation the grantor of, or transferor to, a foreign trust which existed during the current tax year, whether or not the corporation has any beneficial interest in it?

If "Yes," the corporation may have to file Forms 3520, 3520-A, or 926.

- N During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)

If "Yes," file Form 5452. If this is a consolidated return, answer here for parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.

- O During this tax year did the corporation maintain any part of its accounting/tax records on a computerized system?

- P Check method of accounting:

(1) ☐ Cash (2) ☒ Accrual

(3) ☐ Other (specify)

- Q Check this box if the corporation issued publicly offered debt instruments with original issue discount

If so, the corporation may have to file Form 8281.

- R Enter the amount of tax-exempt interest received or accrued during the tax year

- S If you are a member of a controlled group, enter the amount of taxable income for the entire group

Yes No

✓

✓

✓

✓

✓

✓

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**Schedule L Balance Sheets**

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		41503		449
2 Trade notes and accounts receivable				
a Less allowance for bad debts		221 512		275 274
3 Inventories		91 004		131 214
4 Federal and state government obligations				
5 Other current assets (attach schedule)				307
6 Loans to stockholders		22 257		0
7 Mortgage and real estate loans				
8 Other investments (attach schedule)				
9 Buildings and other depreciable assets	224 313		224 313	
a Less accumulated depreciation	204 269	20044	210 922	13 391
10 Depletable assets				
a Less accumulated depletion				
11 Land (net of any amortization)				
12 Intangible assets (amortizable only)				
a Less accumulated amortization				
13 Other assets (attach schedule)				
14 Total assets		396 322		420 625
<b>Liabilities and Stockholders' Equity</b>				
15 Accounts payable		170 085		202 409
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach schedule)				
18 Loans from stockholders				25 000
19 Mortgages, notes, bonds payable in 1 year or more		67 748		67 748
20 Other liabilities (attach schedule)				
21 Capital stock: a preferred stock				
b common stock	39650	31 650	39650	39 650
22 Paid-in or capital surplus				
23 Retained earnings—Appropriated (attach schedule)				
24 Retained earnings—Unappropriated		118 839		85 828
25 Less cost of treasury stock		( )		( )
26 Total liabilities and stockholders' equity		396 322		420 625

**Schedule M-1 Reconciliation of Income per Books With Income per Return** You are not required to complete this schedule if the total assets on line 14, column (d), of Schedule L are less than \$25,000.

1 Net income per books	(33012)	7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax		a Tax-exempt interest \$	
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize)			
5 Expenses recorded on books this year not deducted in this return (itemize)		8 Deductions in this tax return not charged against book income this year (itemize)	
a Depreciation \$		a Depreciation \$	
b Contributions carryover \$		b Contributions carryover \$	
6 Total of lines 1 through 5	(33012)	9 Total of lines 7 and 8	
		10 Income (line 28, page 1)—line 6 less line 9	(33012)

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (line 24, Schedule L)** You are not required to complete this schedule if the total assets on line 14, column (d), of Schedule L are less than \$25,000.

1 Balance at beginning of year	118 839	5 Distributions: a Cash	
2 Net income per books	(33 012)	b Stock	
3 Other increases (itemize)		c Property	
		6 Other decreases (itemize)	
		7 Total of lines 5 and 6	
4 Total of lines 1, 2, and 3	85 828	8 Balance at end of year (line 4 less line 7)	85 828



4562

## Depreciation and Amortization

OMB No. 1545-0172

Department of the Treasury  
Internal Revenue Service▶ See separate instructions.  
▶ Attach this form to your return.

1987

Attachment  
Sequence No. 67

Name(s) as shown on return

NELSON GALVANIZING INC

Identifying number

11-1572517

Business or activity to which this form relates

**Part I Depreciation** (Do not use this part for automobiles, certain other vehicles, computers, and property used for entertainment, recreation, or amusement. Instead, use Part III.)**Section A.—Election To Expense Depreciable Assets Placed in Service During This Tax Year (Section 179)**

(a) Description of property	(b) Date placed in service	(c) Cost	(d) Expense deduction
1			
2 Listed property—Enter total from Part III, Section A, column (h).			
3 Total (add lines 1 and 2, but do not enter more than \$10,000)			
4 Enter the amount, if any, by which the cost of all section 179 property placed in service during this tax year is more than \$200,000			
5 Subtract line 4 from line 3. If result is less than zero, enter zero. (See instructions for other limitations)			

**Section B.—Depreciation**

(a) Class of property	(b) Date placed in service	(c) Basis for depreciation (Business use only—see instructions)	(d) Recovery period	(e) Method of figuring depreciation	(f) Deduction
6 Accelerated Cost Recovery System (ACRS) (see instructions): For assets placed in service ONLY during tax year beginning in 1987					
a 3-year property					
b 5-year property					
c 7-year property					
d 10-year property					
e 15-year property					
f 20-year property					
g Residential rental property					
h Nonresidential real property					
7 Listed property—Enter total from Part III, Section A, column (g).					
8 ACRS deduction for assets placed in service prior to 1987 (see instructions)					1336

**Section C.—Other Depreciation**

9 Property subject to section 168(f)(1) election (see instructions)	
10 Other depreciation (see instructions)	1217

**Section D.—Summary**

11 Total (add deductions on lines 5 through 10). Enter here and on the Depreciation line of your return (Partnerships and S corporations—Do NOT include any amounts entered on line 5.)	6653
12 For assets above placed in service during the current year, enter the portion of the basis attributable to additional section 263A costs. (See instructions for who must use.)	

**Part II Amortization**

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
1 Amortization for property placed in service only during tax year beginning in 1987					
2 Amortization for property placed in service prior to 1987					
3 Total. Enter here and on Other Deductions or Other Expenses line of your return					

See Paperwork Reduction Act Notice on page 1 of the separate instructions.

Form 4562 (1987)



10/31/88

	1	2	3	4	5
1.2	SCH A LINE 4 OTHER COSTS				
	FACTORY SUPPLIES + EXPENSES				54470
	FUEL				47924
	GAS + ELECTRICITY				64061
	FREIGHT				461
	TRUCK				27762
	EMPLOYEE HEALTH + WELFARE				72129
					<u>266807</u>
P.1	LINE 26 OTHER DEDUCTIONS				
	INSURANCE				89002
	SECURITY				10000
	UNIFORM				4527
	CLEAN				3623
	DUES + SUBSCRIPTION				1338
	OFFICE				3211
	LICENSE				2375
	TELEPHONE				5047
	BANK CHARGES				4159
	PROFESSIONAL				9225
	DATA PROCESSING				3237
	GIFTS				320
					<u>136064</u>

Use  
IRS  
label.  
Other-  
wise,  
please  
print  
or type.LABEL  
HEREJOHN T SWEENEY JR  
MAUREEN R SWEENEY JR  
1634 BELMONT AVE

NEW HYDE PARK, NY 11040

Your social security no.

102-32-7058

Spouse's social security no.

096-32-7345

Presidential  
Election  
Campaign

Do you want \$1 to go to this fund? .....

Yes

XX

No

If joint return, does your spouse want \$1 to go to this fund? .....

Yes

XX

No

Note: Checking "Yes" will  
not change your tax or  
reduce your refund.

## Filing Status

1

Single

2

XX

Married filing joint return (even if only one had income)

Check only  
one box.

3

Married filing separate return. Enter spouse's social security no. above and full name here.

4

Head of household (with qualifying person). (See page 7 of Inst.) If qualifying person is your child but not your dependent, enter child's name here.

5

Qualifying widow(er) with dependent child (yr. spouse died 1989). (See page 7 of Instructions.)

6a

XX

Yourself If someone (such as your parent) can claim you as a dependent on his/her tax return, do not check box 6a. But be sure to check box on line 33b on pg. 2.

## Exemptions

b

XX

Spouse

(See  
Instructions  
on page 8.)

c

Dependents:

(1) Name (first, initial, and last name)

(2) Check  
if under  
age 2(3) If age 2 or older,  
dependent's social  
security number

(4) Relationship

(5) No. of  
mo. lived in  
your home  
in 1989

JOHN III

089-66-7834

SON

12

CHRISTOPHER

105-68-3562

SON

12

BRIAN

105-68-5427

SON

12

KEVIN

060-72-1191

SON

12

MICHAEL

060-72-1035

SON

12

If more than 6  
dependents,  
see Instructions  
on page 8.No. of boxes  
checked on 6a  
and 6b

2

No. of your  
children on 6c  
who:

• lived with you

5

• didn't live with  
you due to divorce  
or separation (see  
page 9)

0

No. of other  
dependents on 6c

0

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here

Add numbers  
entered on  
lines above

7

e Total number of exemptions claimed

7 Wages, salaries, tips, etc. (attach Form(s) W-2)

## Income

8a Taxable interest income (also attach Schedule B if over \$400)

7

33,280.

b Tax-exempt interest income (see page 10). DON'T include on line 8a

8b

8a

63.

Please attach  
Copy B of your  
Forms W-2, W-2G,  
and W-2P here.

9 Dividend income (also attach Schedule B if over \$400)

9

1,861.

10 Taxable refunds of state and local income taxes, if any, from worksheet on page 11 of Inst.

10

368.

11 Alimony received

11

12 Business income or (loss) (attach Schedule C)

12

13 Capital gain or (loss) (attach Schedule D)

13

5,538.

14 Capital gain distributions not reported on line 13 (see page 11)

14

15 Other gains or (losses) (attach Form 4797)

15

16a Total IRA distributions

16a

16b Taxable amount

16b

17a Total pensions and annuities

17a

17b Taxable amount

17b

18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)

18

19 Farm income or (loss) (attach Schedule F)

19

20 Unemployment compensation (insurance) (see page 13)

20

21a Social security benefits

21a

21b Taxable amount

21b

22 Other income

22

Please  
attach check  
or money  
order here.

23 Add amounts shown in far right column for lines 7 through 22. This is your total income

23

41,110.

Adjustments  
to Income

24 Your IRA deduction, from applicable worksheet on page 14 or 15

24

25 Spouse's IRA deduction, from applicable worksheet on page 14 or 15

25

26 Self-employed health insurance deduction, from worksheet on pg. 15

26

27 Keogh retirement plan and self-employed SEP deduction

27

28 Penalty on early withdrawal of savings

28

29 Alimony paid

29

a Recipient's  
last name  
and b social security no.(See  
Instructions  
on page 14.)

30 Add lines 24 through 29. These are your total adjustments

30

0.

Adj. Gr. Income

31 Subtract line 30 from line 23. This is your adjusted gross income

31

41,110.

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Tax  
Compu-  
tation33a Check if: ☐ You were 65 or older ☐ Blind: ☐ Spouse was 65 or older ☐ Blind.

Add the number of boxes checked and enter the total here ▶ 33a 0

b If someone (such as your parent) can claim you as a dependent, check here. ▶ 33b

c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 18 and check here ▶ 33c

34 Enter the   
larger of:   
• Your standard deduction (from page 17 of the Instructions), OR   
• Your itemized deductions (from Schedule A, line 28).   
If you itemize, attach Schedule A and check here. ▶ ☒

34 8,826.

35 Subtract line 34 from line 32. Enter the result here ▶ 35 32,284.

36 Multiply \$2,000 by the total number of exemptions claimed on line 8e ▶ 36 14,000.

37 Taxable income. Subtract line 36 from line 35. Enter the result (if less than zero, enter zero). ▶ 37 18,284.

Caution: If under age 14 & you have more than \$1,000 of investment income, check here ▶ ☐ and see page 17 to see if you have to use Form 8615 to figure your tax.38 Enter tax. Check if from: a ☒ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615.   
(If any is from Form(s) 8814, enter that amount here ▶ d .)

38 2,741.

39 Additional taxes (see page 18). Check if from: a ☐ Form 4870 b ☐ Form 4872 ▶ 39

40 Add lines 38 and 39. Enter the total ▶ 40 2,741.

## Credits

41 Credit for child &amp; dependent care expenses (attach Form 2441). ▶ 41

42 Credit for the elderly or the disabled (attach Schedule R). ▶ 42

43 Foreign tax credit (attach Form 1116). ▶ 43

(See  
Instructions  
on page 18.)44 General busn. credit. Check if from: a ☐ Form 3800 or b ☐ Form ▶ 44

45 Credit for prior year minimum tax (attach Form 8801). ▶ 45

46 Add lines 41 through 45. Enter the total ▶ 46

47 Subtract line 46 from line 40. Enter the result (if less than zero, enter zero) ▶ 47 2,741.

Other  
Taxes

48 Self-employment tax (attach Schedule SE). ▶ 48

49 Alternative minimum tax (attach Form 6251). ▶ 49

50 Recapture taxes (see pg. 18). Check if from: a ☐ Form 4255 b ☐ Form 8611. ▶ 50

51 Social security tax on tip income not reported to employer (attach Form 4137). ▶ 51

(Including  
Advance EIC  
Payments)

52 Tax on an IRA or a qualified retirement plan (attach Form 5329). ▶ 52

53 Add lines 47 through 52. Enter the total ▶ 53 2,741.

## Medicare

54 Supplemental Medicare premium (attach Form 8808). ▶ 54

## Premium

55 Add lines 53 and 54. This is your total tax and any supplemental Medicare premium. ▶ 55 2,741.

## Payments

56 Federal income tax withheld (if any is from Form(s) 1099, check ▶ ☐ ) ▶ 56 2,712.

57 1989 estimated tax payments &amp; amt. applied from 1988 return ▶ 57

58 Earned income credit ▶ 58

Attach Forms  
W-2, W-2G  
and W-2P  
to front.

59 Amount paid with Form 4868 (extension request). ▶ 59

60 Excess social security tax and RRTA tax withheld. ▶ 60

61 Credit for Federal tax on fuels (attach Form 4136). ▶ 61

62 Regulated investment company credit (attach Form 2439). ▶ 62

63 Add lines 56 through 62. These are your total payments ▶ 63 2,712.

Refund or  
Amount  
You Owe

64 If line 63 is larger than line 55, enter amount OVERPAID. ▶ 64

65 Amount of line 64 to be REFUNDED TO YOU ▶ 65

66 Amount of line 64 to be APPLIED TO YOUR 1990 EST. TAX ▶ 66

67 If line 55 is larger than line 63, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your SSN, daytime phone number, &amp; "1989 Form 1040" on it. ▶ 67 29.

68 Penalty for underpayment of estimated tax (see page 21) ▶ 68

Sign  
Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature   
Spouse's signature (if joint return, BOTH must sign)   
Preparer's signatureDate   
Date   
DateYour occupation   
FOREMAN   
Spouse's occupation   
HOUSEWIFECheck if self-employed ☒Preparer's social security no.   
110-40-2941Paid  
Preparer's  
Use OnlyFirm's name (or yours if self-employed) and address   
HARVEY R. GLICK, CPA   
106 DONNYBROOK ROAD   
SCARSDALE, NYE.I. No.   
ZIP code   
10583

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

Attachment  
Sequence No. 07

Name(s) shown on Form 1040

JOHN T &amp; MAUREEN R SWEENEY JR

Your social security no.  
102-32-7058Medical and  
Dental Expenses1a Prescription medicines and drugs, insulin, doctors, dentists, nurses,  
hospitals, medical insurance premiums you paid, etc .....

1a 3,431.

(Do not include  
expenses  
reimbursed or  
paid by others.)

b Other. ▶

1b

(See  
Instructions  
on page 23.)

2 Add the amounts on lines 1a and 1b. Enter the total here .....

2 3,431.

3 Multiply the amount on Form 1040, line 32, by 7.5% (.075) .....

3 3,083.

4 Subtract line 3 from line 2. If zero or less, enter -0-. Total medical and dental .....

4 348.

Taxes You  
Paid

5 State and local income taxes .....

5 1,543.

(See  
Instructions  
on page 24.)

6 Real estate taxes .....

6 4,281.

7 Other taxes. ▶

7

8 Add the amounts on lines 5 through 7. Enter the total here. Total taxes .....

8 5,824.

Interest You  
Paid9a Deductible home mortgage interest (from Form 1098) that you paid to  
financial institutions. Report deductible points on line 10 .....

9a 580.

b Other deductible home mortgage interest. (If paid to an individual,  
show that person's name and address.) ▶

9b

(See  
Instructions  
on page 24.)

10 Deductible points. (See Instructions for special rules.) .....

10

11 Deductible investment interest .....

11

12a Personal interest you paid. ....

12a 363.

b Multiply the amount on line 12a by 20% (.20). Enter the result. ....

12b 73.

13 Add the amounts on lines 9a through 11, and 12b. Enter the total here. Total interest. ...

13 653.

Gifts to  
Charity(See  
Instructions  
on page 25.)14 Contributions by cash or check. (If you gave \$3,000 or more to any  
one organization, show to whom you gave and how much.) ▶

14 1,701.

15 Other than cash or check. (You must attach Form 8283 if over \$500.)

15 300.

16 Carryover from prior year. ....

16

17 Add the amounts on lines 14 through 16. Enter the total here. Total contributions .....

17 2,001.

## Casualty, Theft

18 Casualty of theft loss(es) (attach Form 4684). (See page 26 of the Instructions.) .....

18 0.

## Moving Expenses

19 Moving expenses (attach Form 3903 or 3903F). (See page 26 of the Instructions.) .....

19 0.

Job Expenses  
and Most Other  
Miscellaneous  
Deductions

20 Unreimbursed employee expenses. (You MUST attach Form 2106 in some cases.) ▶

20

21 Other expenses. ▶

21

(See page 26  
for expenses to  
deduct here.)

22 Add the amounts on lines 20 and 21. Enter the total .....

22

23 Multiply the amount on Form 1040, line 32, by 2% (.02). Enter the  
result here .....

23 822.

24 Subtract line 23 from line 22. Enter the result. If zero or less, enter -0- .....

24 0.

Other  
Miscellaneous  
Deductions

25 Other. ▶

25 0.

Total Itemized  
Deductions26 Add the amounts on lines 4, 8, 13, 17, 18, 19, 24, and 25. Enter the total here. Then  
enter on Form 1040, line 34, the LARGER of this total or your standard deduction  
from page 17 of the Instructions .....

26 8,826.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Preparers Edition

Schedule A (Form 1040) 1989

## Schedule B -- Interest and Dividend Income

Attachment Sequence No. 08

OMB No. 1545-0074

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)

Your social security number

JOHN T &amp; MAUREEN R SWEENEY JR

102-32-7058

Part I  
Interest  
Income(See  
Instructions on  
pages 10 and  
27.)Note: If you  
received a Form  
1099-INT or  
Form 1099-OID  
from a  
brokerage firm,  
list the firm's  
name as the  
payer and enter  
the total interest  
shown on that  
form.

If you received more than \$400 in taxable interest income, you must complete Parts I and III. List ALL interest received in Part I. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 27.

Interest Income		Amount
1	Interest income from seller-financed mortgages. (See instructions and list name of payer.) ▶	1
2	Other interest income. ▶  MANUFACTURERS HANOVER	63.
3	Add the amounts on lines 1 and 2. Enter the total here and on Form 1040, line 8a. . . . .	3 63.

Part II  
Dividend  
Income(See  
Instructions on  
pages 10 and  
27.)Note: If you  
received a Form  
1099-DIV from a  
brokerage firm,  
list the firm's  
name as the  
payer and enter  
the total  
dividends shown  
on that form.

If you received more than \$400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 27.

Dividend Income		Amount
4	Dividend income. ▶  UPS SHEARSON - AS NOMINEE	875. 986.
5	Add the amounts on line 4. Enter the total here . . . . .	5 1,861.
6	Capital gain distributions. Enter here and on Schedule D.* . . . . .	6
7	Nontaxable distributions. (See the instructions for Form 1040, line 9.) . . . . .	7
8	Add the amounts on lines 6 and 7. Enter the total here . . . . .	8
9	Subtract line 8 from line 5. Enter the result here and on Form 1040, line 9 . . . . .	9 1,861.

\* If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, lines 13 and 14.

Part III  
Foreign  
Accounts  
and  
Foreign  
Trusts(See  
Instructions  
on page 27.)

If you received more than \$400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

	Yes	No
10a At any time during 1989, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 27 of the instructions for exceptions and filing requirements for Form TD F 90-22.1.) . . . . .		XX
b If "Yes," enter the name of the foreign country ▶		
11 Were you the grantor of, or transferor to, a foreign trust that existed during 1989, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926 . . . . .		XX

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule B (Form 1040) 1989

**Department of the Treasury**  
**Internal Revenue Service**

► **Attach to Form 1040.**

**► See instructions for Schedule D (Form 1040).**

► For more space to list transactions for lines 2a and 9a, get Schedule D-1 (Form 1040).

## 1989

**Attachment  
Sequence No. 12A**

**JOHN T & MAUREEN R SWEENEY JR**

**102-32-7058**

1	13,527
---	--------

(a) Description of property  
(Example, 100 shares 7%  
preferred of "Z" Co.)

(b) Date acquired  
(Mo., day, yr.)

(c) Date sold  
(Mo., day, yr.)

**(d) Sales price (see instructions)**

**(e) Cost or other basis (see instructions)**

**(f) LOSS**  
If (e) is more than (d),  
subtract (d) from (e)

**(g) GAIN**  
If (d) is more than (e),  
subtract (e) from (d)

**2b** Amounts from Schedule D-1, line 2b (attach Schedule D-1)**2c** Total (add column (d) of lines 2a and 2b) ..... ► **2c****2d Other Transactions (Include Real Estate Transactions From Forms 1099-S.)**

**3** Short-term gain from sale or exchange of your home from Form 2119, line 8a or 14 . . . . .

**4 Short-term gain from installment sales from Form 6252, line 22 or 30 .....**

**5** Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries .....

**6 Short-term capital loss carryover** .....

**7** Add all of the transactions on lines 2a, 2b, and 2d and lines 3 through 6 in columns (f) and (g)

<b>8. Net short-term gain or (loss), combine columns (f) and (g) of line 7</b>		<b>8</b>
--	--	----------

**9a Stocks, Bonds, and Other Securities (Include all Form 1099-B transactions. See instructions.)**

RAMADA	10/24/85	8/17/89	13,527	7,989		5,538
--------	----------	---------	--------	-------	--	-------

**9b** Amounts from Schedule D-1, line 9b (attach : schedule D-1)

<b>9c</b>	<b>Total (add column (d) of lines 9a and 9b) . . . . . ▶ 9c</b>	<b>13,527</b>
-----------	---	---------------

**9d Other Transactions (Include Real Estate Transactions From Forms 1099-S.)**

**10** Long-term gain from sale or exchange of your home from Form 2119, line 8a, 10, or 14 . . . . .

**11** Long-term gain from installment sales from Form 6252, line 22 or 30. ....

**12 Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries . . . . .**

**13 Capital gain distributions.**.....

**14** Enter gain from Form 4797, line 7 or 8 .....

15 Long-term capital loss carryover .....

**16** Add all of the transactions on lines 9a, 9b, and 9d and lines 10 through 15 in columns (f) & (g)

17	Net long-term gain or (loss), combine columns (f) and (g) of line 16	17	5,538
----	--	----	-------

For Paperwork Reduction Act Notice, see Form 1040 Instructions. Preparers Edition      Schedule D (Form 1040) 19

**For Paperwork Reduction Act Notice, see Form 1040 Instructions.**

**Preparers Edition**

Schedule D (Form 1040) 19

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**Part III Summary of Parts I and II**

18	Combine lines 8 and 17, and enter the net gain or (loss) here. If result is a gain, stop here and also enter the gain on Form 1040, line 13. If the result is a (loss), go on to line 19	18	5,538
19	If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the smaller of: a The (loss) on line 18; or b (\$3,000) or, if married filing a separate return, (\$1,500).	19	( )
Note: When figuring whether 19a or 19b is smaller, treat both numbers as if they are positive. Go on to Part IV if the loss on line 18 is more than \$3,000 (\$1,500, if married filing a separate return), OR if taxable income on Form 1040, line 37, is zero.			

**Part IV Figure Your Capital Loss Carryovers From 1989 to 1990****Section A. -- Figure Your Carryover Limit**

20	Enter taxable income or loss from Form 1040, line 37. (If Form 1040, line 37, is zero, see the instructions for the amount to enter.)	20	
Note: For lines 21 through 36, treat all amounts as positive.			
21	Enter the loss shown on line 19	21	
22	Enter the amount shown on Form 1040, line 36	22	
23	Combine lines 20, 21, and 22. If zero or less, enter zero.	23	
24	Enter the smaller of line 21 or line 23.	24	

**Section B. -- Figure Your Short-Term Capital Loss Carryover**

(Complete this section only if there is a loss shown on line 8 and line 19. Otherwise, go on to Section C.)

25	Enter the loss shown on line 8	25	
26	Enter the gain, if any, shown on line 17.	26	
27	Enter the amount shown on line 24	27	
28	Add lines 26 and 27	28	
29	Subtract line 28 from line 25. If zero or less, enter zero. This is your short-term capital loss carryover from 1989 to 1990	29	

**Section C. -- Figure Your Long-Term Capital Loss Carryover**

(Complete this section only if there is a loss shown on line 17 and line 19.)

30	Enter the loss shown on line 17	30	
31	Enter the gain, if any, shown on line 8	31	
32	Enter the amount shown on line 24	32	
33	Enter the amount, if any, shown on line 25	33	
34	Subtract line 33 from line 32. If zero or less, enter zero.	34	
35	Add lines 31 and 34	35	
36	Subtract line 35 from line 30. If zero or less, enter zero. This is your long-term capital loss carryover from 1989 to 1990	36	

**Part V Complete This Part Only If You Elect Out of the Installment Method and Report a Note or Other Obligation at Less Than Full Face Value**

37	Check here if you elect out of the installment method	<input type="checkbox"/>
38	Enter the face amount of the note or other obligation	
39	Enter the percentage of valuation of the note or other obligation	

**Part VI Reconcile Forms 1099-B for Bartering Transactions**

(Complete this part if you received one or more Form(s) 1099-B or an equivalent substitute statement(s) reporting bartering income.)

Amount of bartering income  
from Form 1099-B or  
equivalent statement  
reported on form or schedule

40	Form 1040, line 22	40	
41	Schedule C (Form 1040)	41	
42	Schedule D (Form 1040)	42	
43	Schedule E (Form 1040)	43	
44	Schedule F (Form 1040)	44	
45	Other form (identify) (If not taxable, indicate reason -- attach additional sheets if necessary) ▶	45	
46	Total (add lines 40 through 45)	46	

Note: The amount on line 46 should be the same as the total bartering income on all Forms 1099-B and equivalent statements received.

For the year Jan.-Dec. 31, 1988, or other tax year beginning

1988, ending

, 19

OMB No. 1545-0074

Use  
IRS  
label.  
Other-  
wise,  
please  
print  
or type.L  
A  
B  
E  
L  
H  
E  
R  
E

JOHN T AND MAUREEN R SWEENEY JR

1634 BELMONT AVE

NEW HYDE PARK, NY 11040

Your social security number  
102-32-7058Spouse's social security no.  
096-32-7345For Privacy Act and Paperwork  
Reduction Act Notice, see Inst.Presidential  
Election  
Campaign

Do you want \$1 to go to this fund? .....

Yes

XX

No

If joint return, does your spouse want \$1 to go to this fund? .....

Yes

XX

No

Note: Checking "Yes" will  
not change your tax  
or reduce your refund.

Filing Status

1

Single

2

XX

Married filing joint return (even if only one had income)

3

Married filing separate return. Enter spouse's SSN above and full name here.

4

Head of household. If qualifying person is your child but not your dependent, enter name.

5

Qualifying widow(er) with dependent child (yr. spouse died ▶ 19 ). (See page 7 of Instructions.)

Exemptions

6a

XX

Yourself If someone can claim you as a dependent, do not check 6a. But be sure to check the box on line 33b.

b

XX

Spouse

No. of boxes  
checked on 6a  
and 6b

2

(See  
Instructions  
on page 8.)

c Dependents:

(1) Name (first, initial, and last name)

(2) Check  
if under  
age 5(3) If age 5 or older,  
dependent's social  
security number

(4) Relationship

(5) No. of  
mo. lived in  
your home  
in 1988No. of your  
children on 6c  
who:

• lived with you

• didn't live with  
you due to divorce  
or separationNo. of other  
dependents listed  
on 6c

JOHN III

CHRISTOPHER

BRIAN

KEVIN

MICHAEL

089-66-7834

105-68-3562

105-68-5427

060-72-1191

060-72-1035

SON

SON

SON

SON

SON

12

12

12

12

12

5

0

0

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here

e Total number of exemptions claimed

Add numbers  
entered on  
lines above

7

Income

7 Wages, salaries, tips, etc. (attach Form(s) W-2)

7

33,280.

8a Taxable interest income (also attach Schedule B if over \$400)

8a

593.

b Tax-exempt interest income (see page 11). DON'T include on line 8a

8b

9 Dividend income (also attach Schedule B if over \$400)

9

1,594.

10 Taxable refunds of state &amp; local income taxes, if any, from worksheet on pg. 11 of Instructions

10

282.

11 Alimony received

11

12 Business income or (loss) (attach Schedule C)

12

13 Capital gain or (loss) (attach Schedule D)

13

14 Capital gain distributions not reported on line 13 (see page 11)

14

15 Other gains or (losses) (attach Form 4797)

15

16a Total IRA distributions

16a

16b Taxable amount

16b

17a Total pensions and annuities

17a

17b Taxable amount

17b

18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)

18

19 Farm income or (loss) (attach Schedule F)

19

20 Unemployment compensation (insurance)

20

21a Social security benefits (see page 13)

21a

b Taxable amount, if any, from the worksheet on page 13

21b

22 Other income

22

23 Add amounts shown in the far right column for lines 7 through 22. This is your total income

23

35,749.

Adjustments  
to Income

24 Reimbursed employee business exp. from Form 2106, line 13

24

25a Your IRA deduction, from applic. worksheet on page 14 or 15

25a

b Spouse's IRA ded., from applic. worksheet on page 14 or 15

25b

26 Self-empl. health insurance deduction, from worksheet pg. 15

26

27 Keogh retirement plan and self-empl. SEP deduction

27

28 Penalty on early withdrawal of savings

28

29 Alimony pd. (recipient's

last name

&amp; social security no.

29

30 Add lines 24 through 29. These are your total adjustments

30

0.

Adj. Gr. Inc.

31 Subtract line 30 from line 23. This is your adjusted gross income

31

35,749.

COPY



<b>Tax Computation</b>	32	Amount from line 31 (adjusted gross income).....	32	35,749.
	33a	Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind: <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind. Add the number of boxes checked and enter the total here.....	33a	0
	b	If someone (such as your parent) can claim you as a dependent, check here.....	33b	
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 16 and check here.....	33c	
	34	Enter the larger of: • Your standard deduction (from page 17 of the Instructions), OR • Your itemized deductions (from Schedule A, line 26) If you itemize, attach Schedule A & check here <input checked="" type="checkbox"/>	34	8,543.
	35	Subtract line 34 from line 32. Enter the result here.....	35	27,206.
	36	Multiply \$1,850 by the total number of exemptions claimed on line 6e.....	36	13,650.
	37	Taxable income. Subtract line 36 from line 35. Enter the result (if less than zero, enter zero). Caution: If under age 14 and you have more than \$1,000 of investment income, check <input type="checkbox"/> and see page 17 to see if you have to use Form 8815 to figure your tax.	37	13,556.
	38	Enter tax. Check if from: <input checked="" type="checkbox"/> Tax Table, <input type="checkbox"/> Tax Rate Schedules, or <input type="checkbox"/> Form 8815.....	38	2,036.
	39	Additional taxes (see pg. 17). Check if from: <input type="checkbox"/> Form 4970 <input type="checkbox"/> Form 4972.....	39	
	40	Add lines 38 and 39. Enter the total.....	40	2,036.
<b>Credits</b> (See Instructions on page 18.)	41	Credit for child & dependent care expenses (attach Form 2441).....	41	
	42	Credit for the elderly or the disabled (attach Schedule R).....	42	
	43	Foreign tax credit (attach Form 1116).....	43	
	44	General business credit. Check if from: <input type="checkbox"/> Form 5800 or <input type="checkbox"/> Form.....	44	
	45	Credit for prior year minimum tax (attach Form 8801).....	45	
	46	Add lines 41 through 45. Enter the total.....	46	
	47	Subtract line 46 from line 40. Enter the result (if less than zero, enter zero).....	47	2,036.
<b>Other Taxes</b> (Including Advance EIC Payments)	48	Self-employment tax (attach Schedule SE).....	48	
	49	Alternative minimum tax (attach Form 6251).....	49	
	50	Recapture taxes (see pg. 18). Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611.....	50	
	51	Social security tax on tip income not reported to employer (attach Form 4137).....	51	
	52	Tax on an IRA or a qualified retirement plan (attach Form 5329).....	52	
	53	Add lines 47 through 52. This is your total tax.....	53	2,036.
<b>Payments</b> Attach Forms W-2, W-2G, and W-2P to front.	54	Fed. inc. tax withheld (if any is from Form(s) 1099, check <input type="checkbox"/> ).....	54	2,779.
	55	1988 estimated tax payments & amt. applied from 1987 return.....	55	
	56	Earned income credit.....	56	
	57	Amount paid with Form 4868 (extension request).....	57	
	58	Excess social security tax and RRTA tax withheld.....	58	
	59	Credit for Federal tax on fuels (attach Form 4136).....	59	
	60	Regulated investment company credit (attach Form 2439).....	60	
	61	Add lines 54 through 60. These are your total payments.....	61	2,779.
<b>Refund or Amount You Owe.</b>	62	If line 61 is larger than line 53, enter amount OVERPAID.....	62	743.
	63	Amount of line 62 to be REFUNDED TO YOU.....	63	743.
	64	Amount of line 62 to be applied to your 1989 estimated tax <input type="checkbox"/> 64.....	64	
	65	If line 53 is larger than line 61, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number, daytime phone number, and "1988 Form 1040" on it.....	65	
			Check <input type="checkbox"/> if Form 2210 (2210F) is att. See page 21. Penalty: \$.....	
<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature <i>Harvey R. Glick</i>		Date <i>3/31/89</i>	Your occupation <b>FOREMAN</b>
	Spouse's signature (if joint return, BOTH must sign) <i>Harvey R. Glick</i>		Date <i>3/31/89</i>	Spouse's occupation <b>HOUSEWIFE</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>Harvey R. Glick</i>		Date	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed) and address <b>HARVEY R. GLICK, CPA</b> <b>106 DONNYBROOK RD</b> <b>SCARSDALE, NY</b>		Preparer's social sec. no. <b>110-40-2941</b>	
			E.I. No. <b>10583</b>	

**SCHEDULE A  
(Form 1040)**

Dept. of the Treasury  
Internal Revenue Service

**Schedule A — Itemized Deductions**

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

**1988**

Sequence No. 07

Name(s) as shown on Form 1040

**JOHN T AND MAUREEN R SWEENEY JR**

Your social security number

**102-32-7058**

Medical and Dental Expenses (Do not include expenses reimbursed or paid by others.) (See Instructions on page 23.)	1a Prescription medicines and drugs, insulin, doctors, dentists, nurses, hospitals, medical insurance premiums you paid, etc. ....	1a		
	b Other ▶	1b		
2	Add lines 1a and 1b, and enter the total here .....	2		
3	Multiply the amount on Form 1040, line 32, by 7.5% (.075) .....	3	<b>2,681</b>	
4	Subtract line 3 from line 2. If zero or less, enter -0-. Total medical and dental .....	4		<b>0</b>
Taxes You Paid (See Instructions on page 23.)	5 State and local income taxes .....	5	<b>1,560</b>	
	6 Real estate taxes .. <b>\$3,866</b> .....	6	<b>3,866</b>	
	7 Other taxes ▶	7		
8	Add the amounts on lines 5 through 7. Enter the total here. Total taxes .....	8		<b>5,426</b>
Interest You Paid (See Instructions on page 24.)	Note: New rules apply to the home mortgage interest deduction. See Instructions.			
	9a Deductible home mortgage interest you paid to financial institutions (report deductible points on line 10) .....	9a	<b>634</b>	
	b Deductible home mortgage interest you paid to individuals ▶	9b		
	10 Deductible points. (See Instructions for special rules.) .....	10		
	11 Deductible investment interest .....	11		
	12a Personal interest you paid <b>MARINE MIDLAND \$363</b> <b>CREDIT CARDS \$384</b> .....	12a	<b>747</b>	
	b Multiply the amount on line 12a by 40% (.40). Enter the result .....	12b	<b>299</b>	
13	Add the amounts on lines 9a through 11, and 12b. Enter the total here. Total interest .....	13		
Gifts to Charity (See Instructions on page 25.)	14 Contributions by cash or check. (If you gave \$3,000 or more to any one organization, show to whom you gave & how much you gave.) ▶ <b>See attached schedule</b>	14	<b>1,709</b>	
	15 Other than cash or check. (You must attach Form 8283 if over \$500.) ...	15	<b>475</b>	
	16 Carryover from prior year. ....	16		
	17	Add the amounts on lines 14 through 16. Enter the total here. Total contributions .....	17	
Casualty, Theft	18 Casualty or theft loss(es) (attach Form 4684). (See page 25 of the Instructions.) .....	18		<b>0</b>
Moving Exp.	19 Moving expenses (attach Form 3903 or 3903F). (See page 26 of the Instructions.) .....	19		<b>0</b>
Job Expenses and Most Other Miscellaneous Deductions (See page 26 for expenses to deduct here.)	20 Unreimbursed employee expenses. (You MUST att. Form 2106 in some cases.) ▶	20		
	21 Other expenses ▶	21		
	22 Add the amounts on lines 20 and 21. Enter the total .....	22		
	23 Multiply the amount on Form 1040, line 32, by 2% (.02). Enter the result here. ....	23	<b>715</b>	
	24 Subtract line 23 from line 22. Enter the result (if zero or less, enter zero) .....	24		
Other Miscellaneous Deductions	25 Other ▶	25		<b>0</b>
Total Itemized Deductions	26 Add amounts on lines 4, 8, 13, 17, 18, 19, 24, and 25. Enter total here. Then enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 17 of the Instructions. ▶	26		<b>8,543</b>

# Schedule B -- Interest and Dividend Income

Attachment Sequence No. 08

OMB No. 1545-0074

Name(s) as shown on Form 1040. (Do not enter name and social security number if shown on other side.)

Your social security number

JOHN T AND MAUREEN R SWEENEY JR

102-32-7058

## Part I Interest Income

(See  
Instructions on  
pages 10 and 26.)

If you received more than \$400 in taxable interest income, you must complete Part I and Part III and list ALL interest received. You must report all taxable interest on Form 1040, even if you are not required to complete Part I and Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 27.

Interest Income		Amount
1 Interest income from seller-financed mortgages. (See instructions and list name of payer.)	1	
2 Other interest income ▶ <u>LONG ISLAND SAVINGS BANK</u>	2	79
<u>MANUFACTURERS HANOVER</u>		514
3 Add the amounts on lines 1 and 2. Enter the total here and on Form 1040, line 8a. ....	3	593

Note: If you received a Form 1099-INT or Form 1099-OID from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

## Part II Dividend Income

(See  
Instructions on  
pages 11 and  
27.)

If you received more than \$400 in gross dividends and/or other distributions on stock, complete Part II and Part III. You must report all taxable dividends on Form 1040, even if you are not required to complete Part II and Part III. If you received, as a nominee, dividends that actually belong to another person, see page 27.

Dividend Income		Amount
4 Dividend income ▶ <u>SHEARSON - AS NOMINEE</u>	4	949
<u>UPS</u>		645
5 Add the amounts on line 4. Enter the total here. ....	5	1,594
6 Capital gain distributions. Enter here and on line 13, Schedule D. ....	6	
7 Nontaxable distributions. (See Schedule D instructions for adjustment to basis.)	7	
8 Add the amounts on lines 6 and 7. Enter the total here. ....	8	
9 Subtract line 8 from line 5. Enter the result here and on Form 1040, line 9. ....	9	1,594

Note: If you received a Form 1099-DIV from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

\* If you received capital gain distributions but do not need Schedule D to report any other gains or losses, enter your capital gain distributions on Form 1040, line 14.

## Part III Foreign Accounts and Foreign Trusts

(See  
Instructions  
on page 27.)

If you received more than \$400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

	Yes	No
10 At any time during the tax year, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 27 of the instructions for exceptions and filing requirements for Form TD F 90-22.1.)		XX
11 Were you the grantor of, or transferor to, a foreign trust which existed during the current tax year, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926. ....		XX

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

SUPPLEMENTAL SCHEDULE FOR SCHEDULE A

JOHN T AND MAUREEN R SWEENEY JR

102-32-7058

-----  
CONTRIBUTIONS BY CASH OR CHECK (line 14):

Description	Amount
NOTRE DAME CHURCH	950
VARIOUS	759
TOTAL.....	1,709

=====

Form **1040** **U.S. Individual Income Tax Return**

**1990**

Department of the Treasury — Internal Revenue Service  
For the year Jan.—Dec. 31, 1990, or other tax year beginning

, 1990, ending

, 19

OMB. No. 1545-0074

Use  
IRS  
label.  
Other-  
wise,  
please  
print  
or type.

LABELED  
HERE

**ROBERT SWEENEY**

**1385 YORK AVENUE  
NEW YORK, NY 10028**

Your social security no.  
**102-32-6575**

Spouse's social security no.

For Privacy Act and  
Paperwork Reduction Act  
Notice, see Instructions.

Presidential  
Election Campaign

Do you want \$1 to go to this fund? .....

Yes

Yes

XX

No

Note: Checking "Yes" will  
not change your tax or  
reduce your refund.

Filing Status

1

XX

Single. (See page 10 to find out if you can file as head of household.)

2

Married filing joint return (even if only one had income)

Check only  
one box.

3

Married filing separate return. Enter spouse's social security no. above and full name here. ▶

4

Head of household (with qualifying person). (See page 10.) If qualifying person is your child but not your dependent, enter child's name here. ▶

5

Qualifying widow(er) with dependent child (yr. spouse died ▶19 ). (See page 10.)

Exemptions

6a

XX

Yourself If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check box on line 33b, pg. 2.

No. of boxes  
checked on 6a  
and 6b

1

b

Spouse

(See  
Instructions  
on page 10.)

c

Dependents:

(1) Name (first, initial, and last name)

(2) Check  
if under  
age 2

(3) If age 2 or older,  
dependent's social  
security number

(4) Dependent's  
relationship to you

(5) No. of  
mo. lived in  
your home  
in 1989

No. of your  
children on 6c  
who:

• lived with you 0

• didn't live with  
you due to divorce  
or separation (see  
page 11) 0

No. of other  
dependents on 6c 0

If more than 6  
dependents,  
see Instructions  
on page 11.

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here . . ▶

e Total number of exemptions claimed . . . . .

Add numbers  
entered on  
lines above ▶

1

Income

7

Wages, salaries, tips, etc. (attach Form(s) W-2)

7

31,200.

Attach  
Copy B of your  
Forms W-2, W-2G,  
and W-2P here.

8a

Taxable interest income (also attach Schedule B if over \$400)

8a

b

Tax-exempt interest income (see page 13). DON'T include on line 8a

8b

If you do not  
have a W-2, see  
page 8.

9

Dividend income (also attach Schedule B if over \$400)

9

10

Taxable refunds of state and local income taxes, if any, from worksheet on page 14

10

11

Alimony received

11

12

Business income or (loss) (attach Schedule C)

12

13

Capital gain or (loss) (attach Schedule D)

13

14

Capital gain distributions not reported on line 13 (see page 14)

14

15

Other gains or (losses) (attach Form 4797)

15

Attach check or  
money order on  
top of any Forms  
W-2, W-2G, or  
W-2P.

16a

Total IRA distributions

16a

16b Taxable amount (see page 14)

16b

17a

Total pensions & annuities

17a

17b Taxable amount (see page 14)

17b

18

Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)

18

19

Farm income or (loss) (attach Schedule F)

19

20

Unemployment compensation (insurance) (see page 16)

20

21a

Social security benefits

21a

21b Taxable amount (see pg. 16)

21b

22

Other income

22

23

Add amounts shown in far right column for lines 7 through 22. This is your total income ▶

23

31,200.

Adjustments  
to income

24a

Your IRA deduction, from applicable worksheet on page 17 or 18

24a

b

Spouse's IRA deduction, from applicable worksheet on page 17 or 18

24b

25

One-half of self-employment tax (see page 18)

25

26

Self-employed health insurance deduction, from worksheet on pg. 18

26

27

Keogh retirement plan and self-employed SEP deduction

27

28

Penalty on early withdrawal of savings

28

29

Alimony paid. Recipient's SSN ▶

29

(See  
Instructions  
on page 17.)

30

Add lines 24a through 29. These are your total adjustments

30

0.

Adj. Gr. Income

31

Subtract line 30 from line 23. This is your adjusted gross income

31

31,200.

Form 1040 (1990).

Page 2

<b>32</b> Amount from line 31 (adjusted gross income) .....		<b>32</b>	31,200.								
<b>Tax Computation</b>	<b>33a</b> Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here .....	<b>33a</b>	0								
	<b>b</b> If your parent (or someone else) can claim you as a dependent, check here ..	<b>33b</b>									
	<b>c</b> If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here .....	<b>33c</b>									
	<b>34</b> Enter the larger of: • Your standard deduction (from the chart (or worksheet on page 20 that applies to you), OR • Your itemized deductions (from Schedule A, line 27). If you itemize, attach Schedule A and check here .... <input type="checkbox"/>	<b>34</b>	3,250.								
	<b>35</b> Subtract line 34 from line 32. ....	<b>35</b>	27,950.								
	<b>36</b> Multiply \$2,050 by the total number of exemptions claimed on line 6a .....	<b>36</b>	2,050.								
	<b>37</b> Taxable income. Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-) ....	<b>37</b>	25,900.								
	<b>38</b> Enter tax. Check if from: <input checked="" type="checkbox"/> Tax Table, <input type="checkbox"/> Tax Rate Schedules, or <input type="checkbox"/> Form 8815 (see page 21) .. (If any is from Form(s) 8814, enter that amount here ▶ <b>d</b> .....	<b>38</b>	4,731.								
	<b>39</b> Additional taxes (see pg. 21). Check if from: <input type="checkbox"/> Form 4970 <input type="checkbox"/> Form 4972 .....	<b>39</b>									
	<b>40</b> Add lines 38 and 39 .....	<b>40</b>	4,731.								
<b>Credits</b> (See instructions on page 21.)	<b>41</b> Credit for child & dependent care exp. (attach Form 2441) .....	<b>41</b>									
	<b>42</b> Credit for the elderly or the disabled (attach Schedule R) .....	<b>42</b>									
	<b>43</b> Foreign tax credit (attach Form 1116) .....	<b>43</b>									
	<b>44</b> General busn. credit. Check if from: <input type="checkbox"/> Form 3800 or <input type="checkbox"/> Form .....	<b>44</b>									
	<b>45</b> Credit for prior year minimum tax (attach Form 8801) .....	<b>45</b>									
	<b>46</b> Add lines 41 through 45. ....	<b>46</b>									
	<b>47</b> Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-) .....	<b>47</b>	4,731.								
<b>Other Taxes</b>	<b>48</b> Self-employment tax (attach Schedule SE) .....	<b>48</b>									
	<b>49</b> Alternative minimum tax (attach Form 6251) .....	<b>49</b>									
	<b>50</b> Recapture taxes (see pg. 22). Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8811 .....	<b>50</b>									
	<b>51</b> Social security tax on tip income not reported to employer (attach Form 4137) .....	<b>51</b>									
	<b>52</b> Tax on an IRA or a qualified retirement plan (attach Form 5329) .....	<b>52</b>									
	<b>53</b> Advance earned income credit payments, from Form W-2 .....	<b>53</b>									
	<b>54</b> Add lines 47 through 53. This is your total tax .....	<b>54</b>	4,731.								
<b>Payments</b> Attach Forms W-2, W-2G, and W-2P to page 1.	<b>55</b> Federal income tax withheld (If any is from Form(s) 1099, check ▶ <input type="checkbox"/> ) .....	<b>55</b>	4,587.								
	<b>56</b> 1990 est. tax payments and amount applied from 1989 return .....	<b>56</b>									
	<b>57</b> Earned income credit .....	<b>57</b>									
	<b>58</b> Amount paid with Form 4868 (extension request) .....	<b>58</b>									
	<b>59</b> Excess social security tax and RRTA tax withheld (see pg. 24) .....	<b>59</b>									
	<b>60</b> Credit for Federal tax on fuels (attach Form 4136) .....	<b>60</b>									
	<b>61</b> Regulated investment company credit (attach Form 2439) ....	<b>61</b>									
	<b>62</b> Add lines 55 through 61. These are your total payments. ....	<b>62</b>	4,587.								
<b>Refund or Amount You Owe</b>	<b>63</b> If line 62 is more than line 54, enter amount OVERPAID .....	<b>63</b>									
	<b>64</b> Amount of line 63 to be REFUNDED TO YOU .....	<b>64</b>									
	<b>65</b> Amount of line 63 to be APPLIED TO YOUR 1991 EST. TAX ▶ <b>65</b> .....	<b>65</b>									
	<b>66</b> If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, SSN, daytime phone no., & "1990 Form 1040" on it .....	<b>66</b>	144.								
	<b>67</b> Estimated tax penalty (see page 25) .....	<b>67</b>									
<b>Sign Here</b> Keep a copy of this return for your records.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
	<table border="1"> <tr> <td>Your signature</td> <td>Date</td> <td>Your occupation</td> </tr> <tr> <td>Spouse's signature (if joint return, BOTH must sign)</td> <td>Date</td> <td>Spouse's occupation</td> </tr> </table>			Your signature	Date	Your occupation	Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation		
Your signature	Date	Your occupation									
Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation									
<b>Paid Preparer's Use Only</b>	<table border="1"> <tr> <td>Preparer's signature</td> <td>Date</td> <td>Check if self-employed <input checked="" type="checkbox"/></td> <td>Preparer's social security no.</td> </tr> <tr> <td>Firm's name (or yours if self-employed) and address</td> <td colspan="2"> <b>HARVEY R. GLICK, CPA</b>  <b>106 DONNYBROOK ROAD</b>  <b>SCARSDALE, NY</b> </td> <td> <b>110-40-2941</b>          E.I. No.          ZIP code <b>10583</b> </td> </tr> </table>			Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's social security no.	Firm's name (or yours if self-employed) and address	<b>HARVEY R. GLICK, CPA</b> <b>106 DONNYBROOK ROAD</b> <b>SCARSDALE, NY</b>		<b>110-40-2941</b> E.I. No. ZIP code <b>10583</b>
Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's social security no.								
Firm's name (or yours if self-employed) and address	<b>HARVEY R. GLICK, CPA</b> <b>106 DONNYBROOK ROAD</b> <b>SCARSDALE, NY</b>		<b>110-40-2941</b> E.I. No. ZIP code <b>10583</b>								

For the year Jan.—Dec. 31, 1989, or other tax year beginning

, 1989, ending

19

OMB No. 1545-0074

Use  
IRS  
label.  
Other-  
wise,  
please  
print  
or type.LABEL  
HERE

ROBERT SWEENEY

1385 YORK AVENUE

NEW YORK, NY 10028

Your social security no.

102-32-6575

Spouse's social security no.

Presidential  
Election  
Campaign

Do you want \$1 to go to this fund?.....

Yes

XX No

If joint return, does your spouse want \$1 to go to this fund? .....

Yes

No

Note: Checking "Yes" will  
not change your tax or  
reduce your refund.

Filing Status

1 XX

Single

2

Married filing joint return (even if only one had income)

Check only  
one box.

3

Married filing separate return. Enter spouse's social security no. above and full name here.

4

Head of household (with qualifying person). (See page 7 of Inst.) If qualifying person is your child but not your dependent, enter child's name here.

5

Qualifying widow(er) with dependent child(yr. spouse died ▶ 19 ). (See page 7 of Instructions.)

6a XX

Yourself if someone (such as your parent) can claim you as a dependent on his/her tax return, do not check box 6a. But be sure to check box on line 33b on pg. 2.

No. of boxes  
checked on 6a  
and 6b

1

b

Spouse

Exemptions

(See  
Instructions  
on page 8.)

c Dependents:

(1) Name (first, initial, and last name)

(2) Check  
if under  
age 2(3) If age 2 or older,  
dependent's social  
security number

(4) Relationship

(5) No. of  
mo. lived in  
your home  
in 1989No. of your  
children on 6c  
who:

• Lived with you 0

• Didn't live with  
you due to divorce  
or separation (see  
page 8) 0No. of other  
dependents on 6c 0If more than 6  
dependents,  
see Instructions  
on page 8.

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶

e Total number of exemptions claimed

Add numbers  
entered on  
lines above ▶

1

Income

7 Wages, salaries, tips, etc.(attach Form(s) W-2)

7

28,500.

8a Taxable interest income (also attach Schedule B if over \$400)

8a

b Tax-exempt interest income (see page 16). DON'T include on line 8a

8b

9 Dividend income (also attach Schedule B if over \$400)

9

10 Taxable refunds of state and local income taxes, if any, from worksheet on page 11 of Inst.

10

11 Alimony received

11

12 Business income or (loss) (attach Schedule C)

12

13 Capital gain or (loss) (attach Schedule D)

13

14 Capital gain distributions not reported on line 13 (see page 11).

14

15 Other gains or (losses) (attach Form 4797).

15

16a Total IRA distributions

16a

16b Taxable amount

16b

17a Total pensions and annuities

17a

17b Taxable amount

17b

18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E).

18

19 Farm income or (loss) (attach Schedule F).

19

20 Unemployment compensation (insurance) (see page 13).

20

21a Social security benefits

21a

21b Taxable amount

21b

22 Other income

22

Please  
attach check  
or money  
order here.

23 Add amounts shown in far right column for lines 7 through 22. This is your total income ▶

23

28,500.

Adjustments  
to income

24 Your IRA deduction, from applicable worksheet on page 14 or 15. . . . .

24

25 Spouse's IRA deduction, from applicable worksheet on page 14 or 15. .

25

26 Self-employed health insurance deduction, from worksheet on pg. 15

26

27 Keogh retirement plan and self-employed SEP deduction . . . . .

27

28 Penalty on early withdrawal of savings . . . . .

28

29 Alimony paid

29

a Recipient's  
last name

and b social security no.

(See  
Instructions  
on page 14.)

30 Add lines 24 through 29. These are your total adjustments. . . . . ▶

30

0.

Adj. Gr. Income

31 Subtract line 30 from line 23. This is your adjusted gross income. . . . . ▶

31

28,500.

Preparers Edition

Form 1040 (1989) Page 2	32	Amount from line 31 (adjusted gross income) .....	32	28,500.
Tax Compu- tation	33a	Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind: <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind. Add the number of boxes checked and enter the total here .....	33a	0
	b	If someone (such as your parent) can claim you as a dependent, check here. ....	33b	
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 16 and check here .....	33c	
	34	Enter the larger of: • Your standard deduction (from page 17 of the instructions), OR • Your itemized deductions (from Schedule A, line 26). If you itemize, attach Schedule A and check here. ....	34	3,100.
	35	Subtract line 34 from line 32. Enter the result here .....	35	25,400.
	36	Multiply \$2,000 by the total number of exemptions claimed on line 6e .....	36	2,000.
	37	Taxable income. Subtract line 36 from line 35. Enter the result (if less than zero, enter zero). Caution: If under age 14 & you have more than \$1,000 of investment income, check here <input type="checkbox"/> and see page 17 to see if you have to use Form 8615 to figure your tax.	37	23,400.
	38	Enter tax. Check if from: a <input checked="" type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, or c <input type="checkbox"/> Form 8615. (If any is from Form(s) 8614, enter that amount here <input type="checkbox"/> d .....	38	4,148.
	39	Additional taxes (see page 18). Check if from: a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972 .....	39	
	40	Add lines 38 and 39. Enter the total .....	40	4,148.
Credits  (See instructions on page 18.)	41	Credit for child & dependent care expenses (attach Form 2441). ....	41	
	42	Credit for the elderly or the disabled (attach Schedule R). ....	42	
	43	Foreign tax credit (attach Form 1116) .....	43	
	44	General busin. credit. Check if from: a <input type="checkbox"/> Form 3800 or b <input type="checkbox"/> Form .....	44	
	45	Credit for prior year minimum tax (attach Form 8801). ....	45	
	46	Add lines 41 through 45. Enter the total .....	46	
	47	Subtract line 46 from line 40. Enter the result (if less than zero, enter zero) .....	47	4,148.
Other Taxes  (Including Advance EIC Payments)	48	Self-employment tax (attach Schedule SE). ....	48	
	49	Alternative minimum tax (attach Form 6251) .....	49	
	50	Recapture taxes (see pg. 18). Check if from: a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611. ....	50	
	51	Social security tax on tip income not reported to employer (attach Form 4137). ....	51	
	52	Tax on an IRA or a qualified retirement plan (attach Form 5329). ....	52	
	53	Add lines 47 through 52. Enter the total .....	53	4,148.
Medicare Premium Payments	54	Supplemental Medicare premium (attach Form 8808) .....	54	
	55	Add lines 53 and 54. This is your total tax and any supplemental Medicare premium. ....	55	4,148.
Attach Forms W-2, W-2G and W-2P to front.	56	Federal income tax withheld (if any is from Form(s) 1099, check <input type="checkbox"/> ) .....	56	4,116.
	57	1989 estimated tax payments & amt. applied from 1988 return .....	57	
	58	Earned income credit .....	58	
	59	Amount paid with Form 4868 (extension request). ....	59	
	60	Excess social security tax and RRTA tax withheld. ....	60	
	61	Credit for Federal tax on fuels (attach Form 4136) .....	61	
	62	Regulated investment company credit (attach Form 2439) ...	62	
	63	Add lines 56 through 62. These are your total payments .....	63	4,116.
Refund or Amount You Owe	64	If line 63 is larger than line 55, enter amount OVERPAID. ....	64	
	65	Amount of line 64 to be REFUNDED TO YOU .....	65	
	66	Amount of line 64 to be APPLIED TO YOUR 1990 EST. TAX <input type="checkbox"/> 66 .....	66	
	67	If line 55 is larger than line 63, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your SSN, daytime phone number, & "1989 Form 1040" on it. ....	67	32.
	68	Penalty for underpayment of estimated tax (see page 21) ... <input type="checkbox"/> 68		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
- (Keep a copy of this return for your records.)	Your signature		Date	Your occupation <b>EXECUTIVE</b>
	Spouse's signature (if joint return, BOTH must sign)		Date	Spouse's occupation
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input checked="" type="checkbox"/> Preparer's social security no. <b>110-40-2941</b>
	Firm's name (or yours if self- employed) and address		E.I. No.	
	<b>HARVEY R. GLICK, CPA 106 DONNYBROOK ROAD SCARSDALE, NY</b>		ZIP code <b>10583</b>	